



Personal Risk Assessment Checklist

Utilize this checklist to verify personal risk areas and determine needed coverage or adjustments to existing policies. If you answer "Yes" to any of these questions, you may require additional coverage. Additional space is provided below for notes.

Name: _____ Date: _____

HOME:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you have collectibles such as antiques, fine art, or wine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you own valuable jewelry or furs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a hobby that requires expensive equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you own tools, equipment, or instruments used in your trade or profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you know the full replacement value of your belongings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you recently remodeled or redecorated your home or do you plan to do so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any alarms installed in your home? If yes, what type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you use a wood-burning stove? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dog or other pet that may pose a risk to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a swimming pool? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have children away at college? If yes, are their possessions insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you own a rental or investment property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you own a vacation residence? If yes, do you carry Renter's Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

AUTO:

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you plan to purchase a new vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your auto policy list the names of all drivers living in your household? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you routinely drive vehicles you do not own? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If your vehicle were damaged in an accident, would your current policy reimburse you for a rental car while yours is being repaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you own a recreational vehicle? If yes, what type? | <input type="checkbox"/> | <input type="checkbox"/> |

LIFE & HEALTH:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you and your family members have proper health insurance coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do other family members need such coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you carry an umbrella liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have life insurance that pays your mortgage in the event of your death? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have long-term care coverage to protect your savings? | <input type="checkbox"/> | <input type="checkbox"/> |

BUSINESS:

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you own a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to start a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you operate an office or studio in your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do clients come into your home to make purchases or conduct business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you keep large amounts of cash in your home? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: