

49 Broadway
Milton, PA 17847
PH: 570-742-8736
FAX: 570-742-3711



110 Market Street
Lewisburg, PA 17837
PH: 570-524-9908
FAX: 570-524-5772

Name: _____

Address: _____

Phone: _____

Best time to call: _____

Email: _____

PERSONAL INSURANCE SERVICE QUESTIONNAIRE

To assist us in analyzing your personal risk management and insurance needs, please complete this questionnaire and submit it to us by mail or email.

Yes No

Homeowners or Renters

- 1. Are you sure that you are insuring your home to its full replacement cost?
- 2. Do you own any antiques or fine arts?
- 3. Do you own more than \$2,500 in silverware, goldware or pewterware?
- 4. Do you have any collections such as unique dishes, post cards, clocks, dolls stamps, coins, etc.?
- 5. Is the total of all your jewelry, watches and furs valued over \$1,000 or \$500 for one item?
- 6. Do you need more than \$2,000 of theft coverage for all your guns?
- 7. Do you own any business personal property or tools used in your occupation?
- 8. Do you want your money covered for more than \$200?
- 9. Do you want coverage for damage done by water backing-up through sewers, drains or sumps?
- 10. Do you want your contents insured for Replacement Value?
- 11. Do you have a fire or burglary detection system in your home? If so what type _____
- 12. Do you own or lease any property other than your home?
- 13. Are you engaged in any farming or ranching?
- 14. Do you conduct any business or give private lessons in your home?
- 15. Are you sure you have enough Personal Liability insurance.?
- 16. Would you like a quotation on coverage for damage done by surface water or flooding?
- 17. Would you like to save on your insurance premiums by increasing your deductible to the next level?
- 18. Would you like us to send you a form to assist you in making an inventory of your contents?
- 19. Do you anticipate moving soon?

More Below

Yes No

Automobile & Other Vehicles

- 1. Do we presently insure all of the vehicles in your household?
- 2. Are all of the licensed drivers in your household listed on your automobile policy?
- 3. Would you like to save on your insurance premiums by increasing your deductible to the next level?
- 4. Are you sure you have enough Auto Liability Insurance.?
- 5. Do you have any students over 100 miles away at school, without having a vehicle with them?
- 6. Would any driver qualify for a good student discount with a "B" or "3.0" average or better?
- 7. Do you own a pickup or van with "customized equipment"?
- 8. Do you own any trailers? If so, what value? \$ _____ ? What size _____ ?
- 9. Do you own any motorcycles, mopeds, four-wheelers or other motorized vehicles?
- 10. Do you have a vehicle, not your own, furnished for your use?
- 11. Would you like to discuss changing your "Tort" option?
- 12. How far do you drive each auto to work?
- 13. Would you like to review your Auto Medical, Work Loss, Funeral or Accidental Death benefits?
- 14. Do you want Towing and Emergency Labor cost coverage for your autos?

Please furnish the following for each member of your household:

Name _____ / _____ / _____ / _____ / _____

Date of Birth _____ / _____ / _____ / _____ / _____

Occupation _____ / _____ / _____ / _____ / _____

Place of Work _____ / _____ / _____ / _____ / _____

SS# _____ / _____ / _____ / _____ / _____

Other Personal Insurance Considerations

- 1. Do you have Income Insurance in case you are sick or disabled?
- 2. Are all members of your family protected adequately by Life Insurance?
- 3. Do you own a boat, plane or personal watercraft (i.e. Jet Ski or Wave Runner)
- 4. If you are over age 55 would you like a quotation on Long Term Care Coverage?
- 5. Would you like information on a retirement savings program or on a tax deferred annuity?
- 6. Would you like information and a quotation on Cancer Insurance?
- 7. Do you want information and a quotation on a Mortgage Cancellation Life Insurance policy?
- 8. If you are self employed, would you like a quotation on Health Insurance?
- 9. Are you interested in a quotation on business or professional insurance?
- 10. Would you like a quotation on our Medicare Supplement Coverage?

Please offer any comments or suggestions: _____
