

METTLER INSURANCE AGENCY

WWW.METTLERAGENCY.COM

260-356-4400

RENEWAL RISK MANAGEMENT CHECKLIST TOOL

Please assist us in evaluating some potential risks that you may face by answering the following questions. Your responses will help us as we review your current program and allow us to offer possible solutions for you to consider. Thank you for your time.

1. Please list all the individuals in your household. (This should include family members, foster children, significant others, roommates, wards of the court and foreign exchange students.)

2. Do you own or rent any other properties? (secondary residence, vacant land)

No__ Yes __, Describe: _____

3. Please list all the "other" structures on or off you property (ex: detached garage, pool, guesthouse, storage buildings, barn, etc.)

4. Is there any business activity conducted on the premises?

No__ Yes __, Describe: _____

5. Does anyone own or financially control a business that is conducted at home?

No__ Yes __, Describe: _____

6. Are there any children or residents who live at a residence away from the primary residence or at school/college? No__ Yes__

7. Do you own any type of watercraft? No__ Yes __, If yes, describe the size, type and horsepower:

8. Do you own any motorized land conveyances? No__ Yes __, if yes, please list: (examples: dirt bikes, go-carts, 4wheelers, golf carts, RV's)

9. Is there a Homeowners Association where you live? No__ Yes__

10. Do you have residence employees? No__ Yes__

11. Do you have flood Insurance? No__ Yes__

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12. Does anyone drive any vehicles not shown on your policy? (Ex: company car, roommates, friends, etc.) No__ Yes__, Describe: _____
13. Does anyone travel or occasionally rent cars? No__ Yes__
14. Is anyone furnished with a company vehicle? No__ Yes__
15. Does anyone transport people or goods for a fee? No__ Yes__
16. Does anyone travel outside of the USA? No__ Yes__
17. Do you have any vehicle equipped with audio/visual equipment not permanently installed, or any other electronic equipment? If Yes, Describe including value.

18. Do you own any trailers, campers, motorhomes, customized vans or pick-up trucks? No__ Yes__
19. Are any vehicles financed or leased? No__ Yes__
20. Do you rent out any rooms, a garage or any type of space? No__ Yes__
21. Do you have a finished basement? No__ Yes__
22. May we present a low cost term or permanent life program for you to consider?
 Term_____ Permanent_____ Both_____
- Individual? No__ Yes__ Family? No__ Yes__
23. Do you feel that it is important to have your liability limits set high enough to protect your personal assets? Your asset list includes (but not limited to) your home, land, savings, investments, IRA, 401K, etc. No__ Yes__
24. Do you have any special information you wish to share regarding your hobbies, collections or special items of high monetary value (such as silver, gold, jewelry, guns furs, etc.) that may require additional coverage? No__ Yes__, Describe:

25. Are there any other areas of concern you would like to discuss? No__ Yes__, please list

THANK YOU FOR TAKING THE TIME TO FILL OUT YOUR RISK MANAGEMENT CHECKLIST

Name: _____

Email: _____