



Checklist

Personal Risk Assessment

For:

Date:

Utilize this checklist to verify personal risks areas and determine needed coverages or adjustments to existing policies. Answers with a “YES” response may require coverage. Additional space is provided below for notes.

	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? Do you have plans 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 renters insurance?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you plan to purchase a new vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your automobile policy list the names of all drivers living in your household?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you routinely drive vehicles you do not own?	<input type="checkbox"/>	<input type="checkbox"/>
17. If your vehicle were damaged in an accident, would your current auto policy reimburse you for a rental car while yours is being repaired?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you own a recreational vehicle? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you own a business?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you plan to start a business?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you operate an office or studio in your home?	<input type="checkbox"/>	<input type="checkbox"/>

22. Do clients come into your home to make purchases or conduct business?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you keep large amounts of cash in your home?	<input type="checkbox"/>	<input type="checkbox"/>
24. Would you like a no-obligation review of your life insurance needs for your business?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you know if you have adequate professional liability or malpractice coverage?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you and your family members have proper health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do other family members need such coverage?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you carry an umbrella liability policy?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have life insurance that pays your mortgage in the event of your death?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you have long-term care coverage to protect your savings?	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: