

Dwelling Fire Policy Supplemental Underwriting Checklist

Yes	No	
___	___	Is the property we are insuring deeded solely to you?
___	___	Is the property we are insuring currently undergoing any renovations?
___	___	Is any business being conducted from this property?
___	___	Are there any other structures on your property, not listed on the application, that need to be insured?
___	___	Are you involved with a Home/Condo Assoc./Loss Assessment
___	___	Is the property vacant?
___	___	Is the property tenant occupied?
___	___	Is the property being rented? Yes, do you require occupants to have a tenant policy?
___	___	Do you require any Personal Property Coverage for yourself as the Dwelling owner?
___	___	Would you like to purchase sewer & drain backup coverage? If applicable
___	___	Would you like to purchase earthquake or sinkhole collapse coverage?(if applicable)
___	___	Would you like to purchase law & ordinance coverage?(if applicable)
___	___	Do you require or need Flood Insurance?
___	___	Would you like to purchase vandalism coverage? If applicable
___	___	Discussed/Explained benefits of purchasing a Personal Catastrophe Liability policy?
___	___	Have you experienced any life changes(marriage, children, new job, job loss, divorce, etc. Your Life Insurance needs may have changed, can I quote you?) _____(Client Initials)
___	___	Do we insure your automobile? (Possible Discounts) Can I quote your Auto and property together?
___	___	Do we insure your Personal Home? (Possible Discounts) IF YES, do you have/want IDENTITY THEFT coverage? _____(Client Initials)
___	___	CLIENT EMAIL ADDRESS: _____

COMMENTS:

Signature of Client	_____	Date	_____
Parent/Guardian Signature (if client is under age 18)	_____	Date	_____
Signature of Agent	_____	Date	_____