

Personal Risk Management Checklist

Named Insured : _____ Agent : _____ Date : _____

Homeowners/Personal Liability SFD Condo Apt.

YES	NO	N/A	
			Dwelling and Separate Structures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Valuation/Replacement Cost
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Code Costs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additions and Alterations (Condos/Townhomes)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary Dwelling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earthquake
			Flood Personal Property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost Personal Property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Present Values (Current and Updated)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there Valuable Papers Such as Moneys, Securities, Stamps, Tickets, Legal Docs, etc that need to be increased?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are There Specific items Such as Jewelry, etc. that need to be increased?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any Business Personal Property on or off premises?
			Liability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased Limits Offered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do You Own Other Property Including Vacant Land?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Liability (Related to Your Occupation or Any Business)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Offered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss Assessment (HO & Condo Associations)
			Automobile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased Limits on Liability Offered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uninsured Motorists/Underinsured Motorists Increased Limits Offered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Than Collision/Comprehensive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rental Reimbursement/Towing & Labor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Warranty
			Recreational Vehicles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do You Own or Use Any Recreational Vehicles?
			Watercraft
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do You Own Or Use Watercraft?
			Life & Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Brochure Provided

Vicencia & Buckley Insurance Services, Inc. has reviewed this checklist with me and has provided me with a copy. This checklist is a guide only and may not be all inclusive. Signature : _____

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