

Customer Insurance Review Worksheet

Customer Name _____

Date _____

Update Contact Information Follow Up Items

Phone Email Address Emergency Contact

Auto Follow Up Items



Educate

Liability Uninsured Motorist Medical Comprehensive & Collision Roadside / Tow



Current Coverage



Ask / Confirm

Home Follow Up Items



Educate

Home/Rental Separate Structures Contents Additional Living Expense Liability Guest Medical



Current Coverage



Ask / Confirm

Personal Liability

Follow Up Items



Educate

Umbrella



Current Coverage



Ask / Confirm

Life

Follow Up Items



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Term

Permanent



Current Coverage



Ask / Confirm

Disability

Follow Up Items



Educate

Income

Mortgage

Long Term Care



Current Coverage



Ask / Confirm

Other

Follow Up Items



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RVs

Trailers

ATVs

Watercraft

Rental Property

Commercial/Business

Follow Up Items



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Professional Liability

Property

Workers Compensation

Vehicle

Key Man Life

Business Interruption

Short Term Follow Up Items

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Long Term Goals

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____