

INSURANCE CHECK-UP



4331 Old Hickory Blvd., Ste. D, Old Hickory, TN 37138 | 615-847-3669 | www.cordellinsuranceagency.com

We understand that life is often unpredictable. That's why we offer insurance that keeps you one step ahead. It's our job to anticipate potential risks and make sure you're ready for whatever life brings your way.

Please take a moment to complete the questions below, and we'll make sure you're receiving not just insurance, but peace of mind as well.

Personal Information

Name: _____

Home Address: _____

Phone: _____

Email: _____

Birthdate (mm/dd/yyyy): _____



Current Insurance

(check all that apply)

- | | |
|--|----------------|
| <input type="checkbox"/> Auto | Carrier: _____ |
| <input type="checkbox"/> Home | Carrier: _____ |
| <input type="checkbox"/> Condo | Carrier: _____ |
| <input type="checkbox"/> Renters | Carrier: _____ |
| <input type="checkbox"/> Watercraft | Carrier: _____ |
| <input type="checkbox"/> RV | Carrier: _____ |
| <input type="checkbox"/> Motorcycle | Carrier: _____ |
| <input type="checkbox"/> Personal Umbrella | Carrier: _____ |
| <input type="checkbox"/> Business | Carrier: _____ |

What can we help you with today?

(check all that apply)

- I want to make sure I'm completely covered.
- I want to be sure I'm getting the best value.
- I'm reexamining my needs.
- I'm unhappy with my current carrier.
- Other: _____

Have you had any major life changes?

(Please check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Marriage/Divorce/Annulment | <input type="checkbox"/> Birth/Death | <input type="checkbox"/> Purchase/Sold Home | <input type="checkbox"/> Purchase/Sold Other Property |
| <input type="checkbox"/> Major Health Change | <input type="checkbox"/> Caring for Parent | <input type="checkbox"/> Received an Inheritance | <input type="checkbox"/> Have Sizeable Estate |
| <input type="checkbox"/> Opened/Expanded Business | <input type="checkbox"/> Other: _____ | | |

Questions on Next Page

YOUR INSURANCE NINJA!

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Auto Check-Up

Number of vehicles in your home: _____

Number of drivers in your home: _____

Drivers' ages: _____

Your current liability limit is: _____ per person/ _____ per occurrence.

Do you have any violations/claims in the last five years? Yes / No

Vehicle #1	Vehicle #2	Vehicle #3
Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____
Year: _____	Year: _____	Year: _____

Home Check-Up

Do you own or rent your home? Own / Rent

Have you filed any homeowners or renters claims in the last five years? Yes / No

Does your current insurance cover your home's full replacement cost? Yes / No / Unsure

Address for home to be insured (if different from previous page):

Additional Coverage Check-Up

Are you interested in a Personal Umbrella Policy?
Yes / No / Need more information

Do you own any of the following?
(Please check all that apply)

- Motorcycle Classic car Watercraft
 RV Business Rental properties

Questions? Please let us know if you'd like any additional information: _____

Thank you to Safeco® and our #InsuranceNinja!

YOUR INSURANCE NINJA!