



DRISCOLL

Personal Protection

Check Up

Send Completed Review Form to:

(562) 252-8711 or kerry@driscollinsured.com

or complete at driscollinsured.com/service

Client Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Date: _____

Home Phone: _____ Work: _____ Cell: _____

Preferred Contact Method: Home Work Cell Email

HOME/CONDO/RENTER'S PROTECTION

1. If we do not insure both your home and vehicles, would you like to **Save up to 30%** by combining? Yes No
2. Certain safety features in your home can save you money on your policy. Do you have any of the following in your home? Yes No

<input type="checkbox"/> smoke detector	<input type="checkbox"/> burglar alarm (monitored or local)	<input type="checkbox"/> fire sprinklers
<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire alarm (monitored or local)	<input type="checkbox"/> gated community
3. Would you like to **SAVE 10%-23%** by increasing your deductible to \$1,000 or \$2,500? Yes No
4. Do you own any of the following not currently insured with Driscoll & Associates? Yes No

<input type="checkbox"/> 2 nd home	<input type="checkbox"/> farm	<input type="checkbox"/> rental property	<input type="checkbox"/> vacant land	<input type="checkbox"/> airplane	<input type="checkbox"/> commercial property
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5. Are you a coach, committee member, or board member in a local charity or community organization? Yes No
6. Would it cost more to rebuild your home than the amount for which you have it insured? Yes No

<input type="checkbox"/> I don't know!	Contact us for a FREE Home Rebuilding Cost Analysis.
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7. Have you remodeled, added an addition and/or updated your wiring, heating, roof or plumbing? Yes No

If yes, please give details & cost: _____
8. Every insurance policy has internal sub-limits for the items contained within your home. If you own any of the following, please provide a dollar amount so we can ensure sufficient coverage:

Antiques \$_____	Fine Arts \$_____	Fire Arms \$_____	Camera equipment \$_____
Computers \$_____	Jewelry \$_____	Silverware \$_____	
Collections \$_____	Furs \$_____	Bicycles \$_____	
9. Is your home titled in a trust? If yes, Trust name? _____ Yes No
10. Business conducted at your home is not automatically covered if you get sued. Do you provide any services from your house including private lessons, studios, offices, or babysitting? Yes No
11. Do you rent any part of your home or other buildings on your property to anyone? Yes No
12. Do you have anyone employed at home such as a nanny, housekeeper, or yard worker for 10 or more hours a week? Yes No
13. Your Homeowners policy does not provide coverage for floods. Most people think of rising streams, lakes, rivers, and oceans when they think of a flood. But **76% of all flood claims are caused by** a large amount of rainfall in a short time period that causes standing groundwater to infiltrate your home. Would you like a quote on flood insurance? Yes No
14. Your Homeowners policy does not cover Earthquakes. Many areas in California are right on top of fault lines. The rates for Earthquake coverage are approximately \$1.71 per \$1000 of building value. Would you like a quote on earthquake insurance? Yes No
15. Millions of people are victims of Identity Theft every year. Protection of \$25,000 for expenses incurred cost as little as \$12 a year. Would you like a quote? Yes No
16. If you accidentally lost an expensive piece of jewelry would you want it covered? Yes No

ALL RISK PROTECTION typically cost \$1.55 per \$100 of value.

AUTO PROTECTION

1. Would you like to **reduce your premium** by increasing your deductibles? Yes No
If so, what deductible would you like? \$500 \$1,000 \$2,000 \$ _____
2. Do you have a driver who recently received their learner's permit? Yes No
Do they have a 3.0 GPA or better? Yes No
3. Do you have a driver that is away at college? Yes No
How many miles from home? _____
Do they have a 3.0 GPA or better? Yes No
4. Are there any non-residents who frequently use your vehicle(s) not on your policy? Yes No
5. Has there been either an increase or decrease in the distance drivers drive to work or school? Yes No
6. Do you have vehicle(s) in your household (other than a company vehicle) that are not insured by us? Yes No
Owner: _____ Vehicle: _____
Insurance Company: _____
7. Do you have any the following items that are not currently insured with Driscoll? Yes No
 motorcycle scooter ATV motor home golf cart
 boat / jet ski camper unit trailer antique or custom auto
8. Do you carry at least \$100,000 per person, \$300,000 per accident and \$50,000 of liability insurance? Yes No
9. Custom equipment (non-factory installed: GPS, stereos, etc) is not covered under your auto policy unless coverage is added. Do you have any custom equipment in your vehicle? Yes No
What kind? _____ Value? \$ _____
10. In the event your car is damaged in an accident, would you like **Rental Car Coverage?** \$25 per year per car is the average cost for \$30 a day toward a rental vehicle. Higher limits also available. Yes No
11. Do you want **towing coverage** in the event your car is disabled **for any reason?** \$50 per occurrence of coverage cost an average of just \$9 per year. Yes No
12. Do you drive any vehicle(s), NOT registered in your name or titled in a trust? Yes No
13. Your auto policy does not provide coverage if you use your vehicle for business. Would you like more information on how to protect yourself? Yes No

ASSET PROTECTION

- If you were **sued for \$623,000** because you were found liable for crippling injuries or death of others in an accident with your car or at your home, where would the money come from? For less than a latte a week, you can **protect everything you have worked so hard for**. Would you like to complete an **"Assets at Risk"** evaluation form? Yes No

LIFE PROTECTION

1. Do you have insurance in place to care for your loved ones in the event of your death? Yes No
2. If you have life insurance, have you reviewed your policy within the last 12 months? Yes No
3. Do you know how you would pay your bills if your income stopped due to sickness or injury? Yes No
4. Do you know how long your assets would last if you or someone you loved were confined to a nursing home for an extended period of time? **Average monthly cost is \$5,000** Yes No
5. Would you like a review of your health insurance coverage? Yes No

Please tell us if you would like to discuss:

- Life Insurance** **Paycheck Protection** **Health Insurance** **Long-term care**

AGENCY GRADE CARD

How are we doing? Your comments are the most valuable information we have in helping us provide better service to you in the future. Please take a moment to tell us.

1. If you had to grade our agency's overall performance in providing the service you expect from us, what grade would you give? (Circle one)

A B C D F

2. If you circled anything less than an A, what would you like us to add or improve to better serve you?

3. **Please tell us** what you like about doing business with Driscoll & Associates?

This Form was completed by (please print) _____

Signature: _____ **Date:** _____

I have questions and would like to be contacted to discuss my insurance. Yes No

Thank you for taking the time to complete this form



Kerry M. Driscoll



Referral Rewards



Tell your friends about us and receive \$5 CASH!

We always ask our new customers who referred them to our agency. If someone we ask gives us *your* name, we will send you a \$5 bill!
Qualified Referrals*