

CONDOMINIUM/RENTERS INSURANCE REVIEW QUESTIONNAIRE

Named insured: _____

Property Address: _____

Your policy is scheduled to renew and Select Underwriters Agency would like to update the information on your condo. Please complete this form, you may give us the updated information over the phone at (248)698-7600, mon-fri 8:30-5:00 or email to: admin@selectunderwriters.com.

This form is also available online: www.selectunderwriters.com.

This is the only notice that will be sent. if you do not complete and return this questionnaire your policy will be renewed with the same limits per expiring, subject to form changes and exclusions.

YES

NO

- | | | |
|-----|-----|--|
| () | () | Have you made any improvements or renovations to your condo since you last reviewed the coverage amounts on your policy? |
| () | () | Do you have any Resident Employees? |
| () | () | Is The name on the policy the same as that shown on the deed? |
| () | () | Do you own any antiques, fine arts or collections or do you own any of the following that exceeds \$1,000 in value? |

Y/N

Jewelry _____

Furs _____

Firearms _____

Silver _____

- | | | |
|-----|-----|--|
| () | () | Do you work, maintain or operate a business, or keep samples for your business in your apartment? (please include baby-sitting, lawn mowing, Tupperware, Mary Kay, Etc.) |
| () | () | Do you own any watercraft? If yes, please describe:
Power/Sail _____ HP _____ Length _____ |
| () | () | Do you own any animals? If yes, please describe:
_____ |
| () | () | Do you own a drone? If yes, please describe use:
_____ |
| () | () | Do you own any additional property, vacant land, or rent any portion of your apartment/condo to others? |

YES

NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like an Excess Liability or Umbrella Policy to increase your liability limits, in the event of a lawsuit against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to make any changes to your current coverage amounts (contents, Improvements and betterments, loss assessment)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own a golf cart, go cart, mini-bike, all-terrain vehicle or other powered vehicle not registered or separately insured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you be interested in a quotation for Life, Medical, Long Term Care or Disability, Medicare Supplement Insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been other changes like, residency, occupations or size? |

Thank you for taking time to complete this questionnaire. Please call our office if you would like to discuss any of these items

Please return questionnaire at your earliest convenience in the envelope provided

Cell: _____ Work: _____

Email: _____

Do you have a preferred method of correspondence: **US Postal Mail, Email, or Phone**