



Personal Insurance Checkup

The following items address many of the limitations or exclusions common to all personal insurance policies. For your own protection, please complete this form and return it to our office at your earliest convenience. Upon completion, please mail or scan and email (info@uhlagency.com) this checklist back to our office so that we can address any potential issues with you.

If you can answer “yes” to any of the below statements, you may get a “no” in the event of a claim.

Homeowner/Condo/Renters Insurance Policies

We have valuable articles such as jewelry, collectables, fine arts, or guns	<input type="checkbox"/> Yes <input type="checkbox"/> No
We belong to a homeowner or condominium owner association	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have recently finished our basement or completed an addition to our home	<input type="checkbox"/> Yes <input type="checkbox"/> No
We operate a business out of our residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have a seasonal residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
We rent out properties to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
We rent farm land to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
We own watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No
We own all-terrain vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
We are concerned about water-related losses such as water backup and flood	<input type="checkbox"/> Yes <input type="checkbox"/> No
We are concerned about identity theft	<input type="checkbox"/> Yes <input type="checkbox"/> No

Auto Insurance Policies

We have customized our vehicles with after-market parts or equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
We want to make sure original equipment manufacturer parts are used on our vehicles in the event we are in an accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
We use our vehicles for delivery purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Our cars are titled in the name of an entity or another person	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have non-owned vehicles furnished for our available or regular use	<input type="checkbox"/> Yes <input type="checkbox"/> No

We are concerned that we don't have enough insurance in the event we are sued	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Comments: _____

Printed Name: _____
Signature: _____
Date: _____

Thank you for your business and for taking the time to complete this checkup!