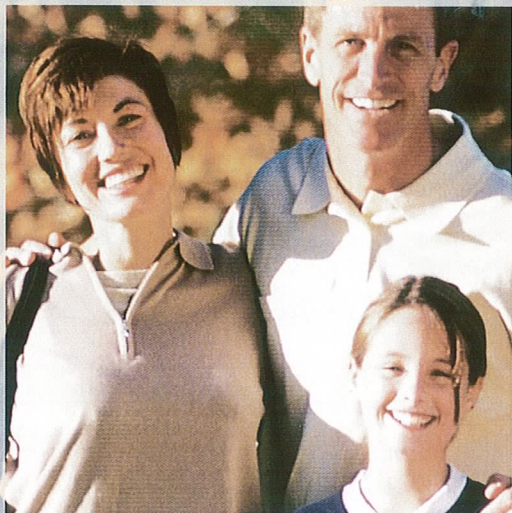


It's time for a
checkup.



INSURANCE CHECKUP

Make sure you're protected.



**Allied
Insurance**

a Nationwide® company
On Your Side®

Check yes or no. If yes, please provide a brief description or explanation.

Yes No 1. Do you have collectibles such as antiques, fine art, stamps, coins, or baseball cards?

Yes No 2. Do you own valuable jewelry or furs?

Yes No 3. Do you own costly sporting equipment or firearms?

Yes No 4. Do you have valuable cameras or other photography equipment?

Yes No 5. Do you have any alarms installed in your home? If so, what type? _____

Yes No 6. Do you keep more than \$100 cash in your home?

Yes No 7. Are your personal belongings insured for their full replacement value?

Yes No 8. Do you have children away at college? If so, are their possessions insured?

Yes No 9. Do you own tools, equipment, or instruments used in your trade or profession?

Yes No 10. Do you operate an office or

Your health isn't the only thing that needs an annual checkup—so does your insurance coverage.

Once you've completed this checklist, visit with your local, independent Allied agent about any questions you may have or changes you want to make.

Name _____

Address _____

City _____

State _____

ZIP _____

Phone _____

- Yes No 11. Do clients come into your home to make purchases?
- Yes No 12. Do you baby-sit in your home?
- Yes No 13. Do you have a dog, cat, or other pet that may pose a risk to others?
- Yes No 14. Have you recently remodeled or redecorated your home? Do you have plans to do so?
- Yes No 15. Have you recently renovated your electrical system, plumbing, heating or cooling system or roof?
- Yes No 16. If your home suffered an entire loss, would your insurance cover your home's full replacement value?
- Yes No 17. Are you interested in flood insurance for your home and personal property?
- Yes No 18. Are you interested in earthquake coverage?
- Yes No 19. Do you use a wood-burning stove?
- Yes No 20. Do you have a swimming pool?
- Yes No 21. Do you own rental or investment property?
- Yes No 22. Do you own a vacation home (i.e., condo, cabin, or trailer)?
- Yes No 23. If you rent, do you carry renters insurance?
- Yes No 24. If you own a condo, do you have condo insurance?
- Yes No 25. Do you plan to purchase a new vehicle this year?
Type of vehicle(s):

- Yes No 26. Does our agency insure all your vehicles?
- Yes No 27. Does your automobile policy specify by name all of the drivers in your household?
- Yes No 28. Do you routinely use vehicles you do not own?

- Yes No 29. Do you have CDs, cassette tapes, or non-factory installed equipment (car phones, stereos, CD players, etc.) in your car?
- Yes No 30. Do you own a vehicle with custom furnishings or equipment (i.e., a conversion van)?
- Yes No 31. If your vehicle were damaged in an accident, would your current automobile insurance reimburse you for a rental vehicle while your auto is being repaired?
- Yes No 32. Do you own any of the following recreational vehicles?
 Boat Camper
 All-Terrain Vehicle
 Motor Home Golf Cart
 Snowmobile
 Motorcycle Moped
 Others _____
- Yes No 33. Do you carry at least a \$1-million umbrella liability policy?
- Yes No 34. Do you own a business?
- Yes No 35. Do you plan to start a business?
- Yes No 36. Do you know anyone else who could benefit from a no-obligation insurance review from our agency?
Name _____

Phone _____