

**SCHIFF KREIDLER-SHELL, INC.**  
**INSURANCE EXPOSURE QUESTIONNAIRE**

We recommend that you periodically review your insurance policies to make sure that they accurately reflect the items, limits and coverages you desire. Please take a moment to complete the following questions and return the questionnaire in the enclosed envelope. Thank you for your help. Your insurance business is very much appreciated. Schiff, Kreidler-Shell

**Home/Liability**

**Yes      No**

- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 1.  | Would you like to review the adequacy of the current home insurance amount you have chosen? (We are pleased to assist you with your own determination of the values you decide to insure). ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Made recent home improvements or remodeled (added room, deck or sunroom)?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Added pool or spa? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Do you have a full basement? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Is your basement finished? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Purchased vacant land, secondary dwelling, or rental property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Do you conduct any business at your home or at any other structure on your property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Serve on a profit or not-for-profit board? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Installed a home security or fire alarm system? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Hired any Residence employees? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Recently purchased Jewelry, Fine Arts or other valuables?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Are you interested in getting quotes for higher limits of liability? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Companies limit Coverage for Mold. Are you interested in higher limits? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Flood is not covered on your Homeowners policy. Are you interested in a Flood quote? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Identity Theft is available with most companies. Are you interested in a quote? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Do you own a trampoline?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Do you have any pets?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Auto**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Are you interested in increasing your automobile liability limits? (Higher Limits may be available. Please let us know if you would like a quote for higher limits) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are you interested in increasing your uninsured/underinsured motorist limits? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (Uninsured/Underinsured Motorist coverage protects you from accidents with at fault drivers who have little or no liability insurance).                                   |                          |                          |
| 3. | Any car modified with special equipment or customized?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Any vehicles not owned by you but furnished for your regular use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Any vehicle used for business purposes? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Do you own a boat or other recreational vehicle, including aircraft, ultralite snow mobile, dune buggy, mini bikes, jet ski, motorhome, etc? .....                        | <input type="checkbox"/> | <input type="checkbox"/> |

**Umbrella/Excess Liability**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Would you be interested in an Umbrella/Excess Liability policy? This policy would extend your automobile and homeowners liability coverage to \$1 million or more. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If you already have Umbrella/Excess Liability Protection, would you like to get a quote to increase the limit? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please complete reverse side:**

**List Autos in household:**

**Circle One**

**Vehicle Leased or titled to:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- Owned / Leased
- Owned / Leased
- Owned / Leased
- Owned / Leased
- Owned / Leased

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**List Drivers in Household:**

<u>Name</u>	<u>DOB</u>	<u>Driver License#</u>	<u>SS#</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Print name of Person Completing Questionnaire: \_\_\_\_\_

Signature of Person Completing Questionnaire: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Dated: \_\_\_\_\_

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SCHIFF, KREIDLER, SHELL, INC.  
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 Cincinnati, Ohio 45202

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