

Additional Coverage Questionnaire

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____
 home cell office home cell office

Scheduled Individual Items

Do you own any?	Y/N	Description	Estimated Value
Jewelry			
Fine Arts, Collections, Figurines, Unique China/Dishes, Etc.			
Silver/Silverware			
Stamp/Coin Collection			
Other			

Property

Do You Have?	Y/N	Description	Estimated Value
Flood Insurance			
Other Real Estate			

Personal

Do You Have?	Y/N	Would You Like a Free Quote?	Notes
Mortgage Protection Coverage			
Disability Income Insurance Will make your mortgage payment if you become disabled			
Critical Illness Coverage Will make your mortgage payment in the event of heart attack, stroke, cancer			
Income Replacement Coverage In the event you pass away			
Early Mortgage Payoff Program Pay off your mortgage several years in advance and save thousands in interest			