

Personal Risk Management Exposure Survey Questionnaire

Background Information

Date: _____

Named insured: _____

Street address: _____

City, State, Zip code: _____

Telephone (home): _____

Telephone (business): _____

Fax: _____

Personal e-mail address: _____

Business e-mail address: _____

Real Property Exposures—Land and Buildings

1. What is the address and value of your primary home?
_____ \$_____ Replacement cost
2. Is the home more than 40 years old? Yes No
3. Do you own, rent, or lease any other structures located at the main premises such as the following?
 - Guest or servant quarters Yes No
 - Detached garage Yes No
 - Swimming pool Yes No
 - Fence Yes No
 - Outdoor shed Yes No
 - Barn Yes No
 - Detached greenhouse Yes No
 - Tennis court Yes No

Personal Risk Management Exposure Survey Questionnaire

Other: _____

Yes No

a. For any of the above, provide a description and value:

\$_____ Replacement cost

\$_____ Replacement cost

b. Is the total replacement cost value of the other structures greater than 10 percent of the dwelling limit?

Yes No

c. Are the other structures, which are located on the residence premises, rented or leased to other parties?

Yes No

d. Is there any business use of the other structures or any storage of business property in these structures?

Yes No

4. Do you own, rent, or lease any other structures located away from the main premises, such as the following?

Detached garage

Yes No

Swimming pool

Yes No

Fence

Yes No

Outdoor shed

Yes No

Barn

Yes No

Detached greenhouse

Yes No

Tennis court

Yes No

Other: _____

Yes No

a. For any of the above, provide a description, address, and value:

\$_____ Replacement cost

\$_____ Replacement cost

Personal Risk Management Exposure Survey Questionnaire

5. Do you own any other residences? Yes No
- a. If yes, provide a description, address, and value:
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost
6. Do you own any residential property on a time-share basis? Yes No
- a. If yes, provide a description, address, and value:
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost
7. Is there more than one owner (besides a resident spouse) of your home or other real properties? Yes No
- a. If yes, provide a description, address, and value:
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost
- b. If yes, also provide name and relationship of other owner(s):
- _____
- _____

Personal Risk Management Exposure Survey Questionnaire

8. Including your primary residence, described above, do you own any condominiums or cooperatives? Yes No
- a. If yes, provide a description, address, and value:
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost
- b. Is the condominium ever rented to others? Yes No
- c. Do you co-own any condominiums or cooperatives with friends or nonresident family members? Yes No
9. Do you own any rental properties (land or buildings) which are rented out to tenants on a continuous basis? Yes No
- a. If yes, provide a description, address, and value:
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost
10. Do you ever rent your home out to others on a short-term or occasional basis (e.g., for a major sporting event held regularly in your town)? Yes No
11. Do you lease or rent any homes (e.g., secondary residence) from others? Yes No
- a. If yes, provide a description, address, and value:
- _____ \$_____ Replacement cost
- _____ \$_____ Replacement cost

Personal Risk Management Exposure Survey Questionnaire

12. Do you own or lease a farm or ranch? Yes No
- a. If yes, provide a description, address, and value:
_____ \$_____ Replacement cost
Acres: _____ Type farm/ranch: _____
Livestock counts: _____
- b. If yes, is the farm the primary source of your income? Yes No
- c. Is the farming incidental or minor in nature? Yes No
- d. Does the farming operation involve any employees? Yes No
- e. Does the farming operation involve any livestock? Yes No
- f. Has any family farmland been transferred to a family limited partnership? Yes No
13. Do you own, rent, or lease from others any vacant land? Yes No
- a. If yes, do you have any exposure to hunters using your land to hunt? Yes No
14. Do you have a private airplane landing strip on your property? Yes No
- a. If yes, describe and give location: _____
_____ Yes No
- b. Do other parties, including the general public, have access to these landing strips? Yes No
15. Do you own an option to purchase a residence under a contract for deed or long-term installment contract? Yes No
(In these deals, the deed or title of the property is transferred only after all the payments have been made.)
16. Have you sold residential property under a contract of deed? Yes No
17. Do you have the use (or any other interest) of a residence that is held in a trust? Yes No
18. Do any outside parties (other than a traditional mortgagee) have any type of collateral interest in your residence premises? Yes No

Personal Risk Management Exposure Survey Questionnaire

19. Are any of your properties located in an area prone to:

	<input checked="" type="checkbox"/>	Cause of Loss	Location
a.	<input type="checkbox"/>	Flood	_____
b.	<input type="checkbox"/>	Earthquake or volcano	_____
c.	<input type="checkbox"/>	Sinkhole or subsidence	_____

20. Do you store gasoline, any other liquid fuel, or any chemicals in an underground or above ground storage tank on any premises? Yes No

a. If yes, give location/description: _____

21. Does your home have any lead paint (even if it has been covered by lead-free paint)? Yes No

22. Has your home been renovated or remodeled? Yes No

23. Are you planning any renovations, additions, or new construction during the next 12 months? Yes No

a. If yes, describe below:

24. Do you anticipate purchasing additional real estate in the next 12 months? Yes No

a. If yes, describe below:

25. Are you a member of a homeowners association? Yes No

26. Are building costs rising rapidly in your community? Yes No

27. Are you confident that your dwelling limits will adequately protect you in the event of a total loss? Yes No

Personal Risk Management Exposure Survey Questionnaire

28. Does the replacement cost of your home greatly exceed its market value? Yes No
- a. If yes, what is your home's approximate market value: \$_____
29. Do you have a fire alarm or fire protection system in operating order at your residence? Yes No
30. Do you have a finished, lower-level basement in your home? Yes No
31. Do you have a sump pump on your premises? Yes No

Personal Property Exposures

1. Do you have any individual personal property items (e.g., furs, jewelry, fine arts, etc.) valued at over \$4,000? Yes No
- a. If yes, have you had these valuable items appraised within the last three (3) years? Yes No
- b. If the item(s) is a diamond(s) or other precious stone, does the appraisal include a description of its cut, color, clarity, and carat size (4 C's)? Yes No
2. Do you have numerous low-value items of jewelry, watches, furs, and precious stones in the residence worth more than an aggregate of \$1,500? Yes No
3. Are there owned valuable items entrusted, consigned, or loaned out to another party? (e.g., furriers, art dealers or institutes, etc.) Yes No
- a. If yes, specify name and relationship:

- b. Describe any security and safeguarding measures in place regarding this entrustment:

4. Do you speculate or trade in art, jewelry, precious stones or metal, rare coins, or other items of value on an extensive basis? Yes No
5. Are you the owner of a home in a nontraditional family (e.g., same sex domestic partners, adult brother and sister, common-law marriage, two unrelated seniors living together)? Yes No

Personal Risk Management Exposure Survey Questionnaire

6. Do you have any dependents who do not reside with you, who are full-time students, and are 24 or more years of age? Yes No
7. Do you have a close relative living in an assisted living care facility or nursing home? Yes No
- a. If yes, does this relative own substantial financial assets? Yes No
8. Do you use or own business property valued at over \$2,500 on your residence premises or do you own business property valued at over \$500 away from your resident premises? Yes No
9. Are any personal property items utilized in a business you own in part or in total? Yes No
10. Do you have extensive computer equipment (e.g., three or more home computers)? Yes No
11. Do you ever keep more than \$200 in cash or coins (e.g., coin collection) at your residence? Yes No
12. Do you ever keep more than \$1,500 in securities, accounts, deeds, and letters of credit at your residence? Yes No
13. Do you have an inventory of your personal property, including photos or videos, which is stored off-site? Yes No
14. Are you concerned that you may have inadequate limits or protection for your personal property? Yes No
15. Do you have in your home any of the following security or safeguarding measures or devices? Yes No
- Burglar alarm reporting to a central station Yes No
- Dead bolts Yes No
- Property identification program Yes No
- Neighborhood security service Yes No
- Carbon monoxide alarms Yes No
- Fire resistant home safes Yes No
- Other: _____ Yes No
16. Do you store large amounts of meat in freezers? Yes No

Personal Risk Management Exposure Survey Questionnaire

Business/Professional Exposures

1. Do you or any of your immediate family members own an interest in an individual proprietorship? Yes No
 - a. If yes, indicate name/interest:

2. Do you or any of your immediate family members own an interest in a partnership? Yes No
 - a. If yes, indicate name/interest:
 - i. Firm name _____
 - ii. Partners _____

3. Do you or any of your immediate family members own an interest in a closely held corporation? Yes No
 - a. If yes, indicate name/interest: _____

4. Do you or any of your immediate family members own an interest in a joint venture? Yes No
 - a. If yes, indicate name/interest: _____

5. Do you or any of your immediate family members own an interest in a syndicate? Yes No
 - a. If yes, indicate name/interest: _____

6. Do you or any of your immediate family members own an interest in a foreign business? Yes No
 - a. If yes, indicate name/interest: _____

7. Do you or any of your immediate family members own an interest in a trusteeship (profit or nonprofit)? Yes No
 - a. If yes, indicate name/interest: _____

Personal Risk Management Exposure Survey Questionnaire

8. Do you or any of your immediate family members own an interest in any other type of business or commercial venture (besides those previously mentioned) which is operated out of your home, including any interest in a part-time or casual business endeavor? Yes No
- a. If yes, indicate name and type of activity: _____
- b. Do you utilize vendors or distributors in your home-based business? Yes No
- i. If yes, list the vendors: _____
- c. Do you have a contractual agreement with any other party (e.g., a contract of sale or a loan agreement) that requires you to carry property insurance that protects their interest in your home business (e.g., by adding them to your policy as a loss payee)? Yes No
- i. If yes, list the loss payee(s): _____
- d. Is your home business involved in law enforcement, retail operations, publishing, media, law, housing, public speaking, or political activities? Yes No
- e. Do you ever serve alcohol in connection with your home business? Yes No
- f. Do you have valuable home business papers and records worth more than \$2,500, including electronic records such as those stored on a computer? Yes No
- g. Do you sell a single line of products from one manufacturer or franchiser for your home business? Yes No
9. Do you serve as an executive officer or on the board of directors for any business organizations or homeowners association? Yes No
- a. If yes, indicate organization and type of activity:

10. Do you have a home day care operation at your residence? Yes No

Personal Risk Management Exposure Survey Questionnaire

11. Do you now or have you ever practiced a recognized profession (e.g., accountant, lawyer, architect) or performed special services for which you might be liable if you made an error (e.g., notary public, insurance agent, financial adviser)? Yes No
- a. If yes, describe profession: _____
- b. If yes, do you have a professional liability policy, either personally or through your employer? Yes No
- i. If yes, list the insurance company and policy number:

12. Do you travel to countries that present a high risk of being kidnapped? Yes No
- a. If yes, list countries, average duration, and average # of trips annually: _____
- b. Has your employer established procedures to follow if an employee is kidnapped? Yes No

Automobile Exposures

1. Are any of your vehicles financed through a bank, credit union, or other financial institution? Yes No
2. Do the owner(s)/lessor(s) of any vehicles you lease require that you provide them an additional insured or loss payee status on your personal auto policy? Yes No
- a. If yes, indicate vehicles: _____
3. Is the outstanding balance of the loan/lease for any of your vehicles greater than the vehicle's worth? Yes No
- a. If yes, indicate vehicle(s): _____
4. Would the resell price of any of your vehicles exceed \$60,000? Yes No
- a. If yes, indicate vehicle(s) value(s): _____
5. Does your vehicle(s) have permanently attached (i.e., built-in or bolted on) sound reproducing equipment or other types of valuable communication equipment worth more than \$1,000? Yes No

Personal Risk Management Exposure Survey Questionnaire

6. Do you use your vehicles to haul property or persons for a fee? Yes No
7. Do you ever rent cars on a short-term basis such as when you travel? Yes No
8. Do you participate in a ride sharing or car-pooling arrangement? Yes No
9. Do you have a good student (B average or better) in your household? Yes No
- a. If yes, Name(s): _____
10. Have you or other drivers in your household taken defensive driving courses or drug and alcohol awareness programs? Yes No
- a. If yes, Name(s): _____
11. Do you own a vehicle for which it is difficult to establish a value, such as an antique car? Yes No
12. Do you ever drive into Mexico? Yes No
- a. When you do, do you purchase insurance from a Mexican insurer? Yes No
13. Are any vehicles owned by a trust? Yes No
- a. If yes, list vehicle(s): _____
14. Are you the owner of a small business? Yes No
15. Are any vehicles owned by a family partnership or limited liability company (LLC) Yes No
16. Are there any corporate-owned vehicles that are insured personally? Yes No
17. Is there joint ownership (other than husband and wife) of any vehicles? Yes No
- a. If yes, with whom: _____
18. Does your employer provide you a company car? Yes No
19. Do domestic employees ever operate your vehicles? Yes No

Personal Risk Management Exposure Survey Questionnaire

Watercraft Exposures

1. Do you own any type of watercraft (e.g., boat or jet ski)? Yes No
2. Do you ever lease or rent any type of watercraft? Yes No
3. Is your watercraft ever used for business purposes?
 - a. If yes, describe: _____
4. Is your watercraft rented or leased to others? Yes No
5. Is your watercraft used to carry persons or cargo for a fee? Yes No
6. Do you employ a crew with any watercraft? Yes No
7. Do you allow many other persons to operate your watercraft for no fee? Yes No
8. Is any watercraft used in pre-arranged or organized races? Yes No
9. Are there other unusual watercraft exposures or situations (e.g., kite surfing, scuba diving)? Yes No
 - a. If yes, describe: _____

Personal Risk Management Exposure Survey Questionnaire

Aircraft Exposures

1. Do you or does anyone in your family or the employment of your family have a pilot's license or do you own or ever rent, charter, or lease aircraft? Yes No
2. Do you or any family members ever charter aircraft with a crew? Yes No
 - a. If yes, explain: _____
3. Do you or any family members ever short-term lease, rent, charter, or use an aircraft acting as pilot or copilot? Yes No
 - a. If yes, explain: _____
4. Do any of your owned or long-term leased aircraft have more than one owner, including any type of fractional ownership? Yes No
 - a. If yes, list additional owners: _____
5. Do you ever fly in aircraft (outside any commercial airlines) in your business activities? Yes No
 - a. If yes, describe the use, the frequency of the use, and the company: _____
6. Do you ever charge anyone for the use of your aircraft? Yes No
 - a. If yes, explain in detail: _____
7. Do you use business-owned aircraft for personal trips? Yes No
 - a. If yes, describe: _____
8. Is/are your aircraft ever used in the instruction of student pilots? Yes No
 - a. If yes, describe: _____
9. Have you entered into a tie down or hangar storage agreement for your aircraft? Yes No
10. If you do not currently own an aircraft, have you ever owned one in the past that you have sold or given away? Yes No

Personal Risk Management Exposure Survey Questionnaire

Community/Political Activities

1. Are you involved in charities, churches, political organizations, community action groups, or related organizations? Yes No
- a. If yes, list and describe: _____
- b. If yes, are you a director or officer in any of these organizations? Yes No
- c. Do these organizations carry general liability, directors and officers liability, and professional liability policies that protect you? Yes No
- d. Do the by-laws of these organizations include a provision that will require them to indemnify you for personal losses arising from activities within the group? Yes No
- e. Are audits performed on a regular basis for these organizations? Yes No
2. Are you involved in any activities in a condominium or homeowners association? Yes No
- a. If yes, specify the association's name and your position or role:

- b. Does the association comply with the insurance specifications included in the condominium agreement and the laws of the state? Yes No
- c. Do all association members receive detailed information as to the insurance furnished by the association on property and specifically informed as to their personal responsibility for improvements and betterments, contents, and personal liability for individual units? Yes No
- d. Does the condominium or homeowners association have property deductibles for common areas that would result in more than \$1,000 in assessment exposure to individual unit-owners? Yes No

Personal Risk Management Exposure Survey Questionnaire

3. Do you hold any elected or appointed public office or did you hold such a position in the last 5 years? Yes No
- a. If yes, describe: _____
- b. Does this entity carry public officials liability insurance, school board liability insurance, or other appropriate directors and officers liability insurance that protects you? Yes No
- c. Do you have a copy of the political entity's charter or bylaws? Yes No
- d. Does an outside party or consulting firm annually evaluate the insurance portfolio of this institution? Yes No
- e. Are you legally obligated to furnish a public official bond? Yes No

Other Liability Exposures

1. Are there property easements, access roads, railroad sidetracks, or similar situations on any owned property? Yes No
- a. If yes, describe: _____
2. Are independent contractors (e.g., lawn, swimming pool, housekeeping services) utilized on your property? Yes No
3. Are alcoholic beverages sold on the premises of investment or rental property you own? Yes No
4. Do you engage in chemical (e.g., pesticide or herbicide) spraying on any owned or leased land? Yes No
5. Are you aware of any safety hazard, attractive nuisance, or unsafe condition on property owned, leased, rented, or controlled by you? (This includes vacant, abandoned, or poorly maintained structures, accumulated debris or cast-off materials on owned land, ponds, trampolines, firearms, etc.) Yes No
- a. If yes, describe: _____
6. Are you a party to a personal contract, lease agreement, indemnity agreement, employment contract, or similar agreement that requires specific auto, public, or professional liability insurance? Yes No
- a. If yes, describe: _____

Personal Risk Management Exposure Survey Questionnaire

7. Do you engage baby-sitters, groundskeepers, gardeners, nurses, servants, maids, chauffeurs, nannies, or similar persons on a part-time or full-time basis? Yes No
- a. If yes, describe: _____
- b. If yes, are compulsory insurance requirements known and complied with? Yes No
- c. Do you have 5 or more personal employees? Yes No
8. Is your residence a historical structure or showcase home? Yes No
9. Do you own or keep inherently dangerous animals (e.g., domesticated animals with biting or clawing history or wild animals such as lions)? Yes No
- a. If yes, describe: _____
10. Have you earned more than \$2,000 in annual compensation concerning any interest in animals trained or bred for races, shows, or commercial breeding purposes? Yes No
11. Do you have personal property of others in your care, custody, or control? Yes No
12. Are you involved in strenuous or risky sports endeavors in which other persons could become injured? Yes No
13. Do you have a lake, pond, ocean, river, or stream on or tangent to any of your properties? Yes No
- a. If yes, describe situation and security precautions:

14. Do you have any other unusual liability exposures or situations? Yes No
- a. If yes, describe: _____
15. Are the liability limits on any of your underlying policies (e.g., homeowners, personal auto, watercraft) under \$300,000? Yes No

Personal Risk Management Exposure Survey Questionnaire

Overall Program Considerations

1. Are you, your spouse, trusts, or similar interests specifically and consistently co-named in all of your insurance policies? Yes No
2. Do you retain proposals for insurance that outline exposures and recommended coverage? Yes No
3. Do you discard previous copies of liability (e.g., homeowners, personal auto) policies? Yes No
4. Is your insurance transacted with one agent responsible for your entire portfolio? Yes No
5. Are you provided an annual review of coverage afforded or areas that may be uninsured or underinsured? Yes No
6. Are you provided loss control recommendations by your agent or insurer? Yes No
7. Are you the owner of one or more businesses? Yes No
8. Is your suability factor high? (How suable you are is determined by the size of your savings account and stock portfolio, the size of your real estate holdings, your profile in the community, your family income, and your future income.) Yes No

(For the last seven categories of exposures: If answers are different for family members, indicate self #1, spouse #2, and dependents #3.)

Workers Compensation Exposures

1. Are you covered under a workers compensation insurance policy in your job? Yes No

Health Insurance

1. Does your employer provide health insurance as part of a group plan? Yes No
 - a. If yes, indicate insurer: _____
 - b. If yes, indicate coinsurance: _____%
 - c. If yes, indicate deductible: \$_____

Personal Risk Management Exposure Survey Questionnaire

2. Do you purchase your own individual health insurance plan? Yes No
- a. If yes, does your plan contain specific disease limitations? Yes No
- b. Insurer: _____
- c. Co-payment: _____%
- d. Deductible: \$_____
- e. Does the individual policy carry burdensome coinsurance and deductible provisions? Yes No

Medicare

1. Are you covered by Medicare? Yes No
- a. If yes, do you have a Medicare supplement policy? Yes No

Disability Insurance

1. Does your employer provide short-term disability benefits as part of a group plan? Yes No
- a. If yes, what is the duration of the short-term benefits?

2. Does your employer provide you with long-term disability coverage? Yes No
- a. If yes, what is the waiting period between the time you become disabled and the policy begins payment?
- 30 days
- 60 days
- 90 days
- 180 days
- 365 days

Personal Risk Management Exposure Survey Questionnaire

3. Do you purchase your own long-term disability policy? Yes No
- a. If yes, what is the waiting period between the time you become disabled and the policy begins payment?
- 30 days
- 60 days
- 90 days
- 180 days
- 365 days
4. Is your salary greater than \$100,000 per year? Yes No

Long-term Care

1. Do you have a long-term care policy? Yes No
- a. If yes, specify what insurance company provides coverage:

Financial/Life Insurance

1. What is your approximate total net worth?
- \$100,000 or less
- \$101,000 – \$250,000
- \$250,001 – \$500,000
- \$500,001 – \$1,500,000
- \$1,500,001 – \$3,000,000
- \$3,000,001 – \$5,000,000
- \$5,000,001 – \$10,000,000
- \$10,000,001 – \$25,000,000
- Over \$25,000,000

Personal Risk Management Exposure Survey Questionnaire

2. Please indicate name, occupation, approximate annual salary, and investment income for yourself and members of your household.

Name	Occupation	Annual Salary	Annual Investment Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. In the event of the death of the primary breadwinner, what are the needs for post-death resources?

- a. Burial fund \$ _____
- b. Education fund \$ _____
- c. Dependency income fund \$ _____
- d. Debt-retirement fund \$ _____
- e. Estate preservation fund \$ _____

Total funds: \$ _____

4. What are the total assets available to meet these needs?

- a. Savings \$ _____
- b. Investments \$ _____
- c. Personal life insurance: term \$ _____
- d. Personal life insurance: whole \$ _____
- e. Group life \$ _____
- f. Social security or other payment \$ _____
- g. Business interests: _____ \$ _____
- h. Other: _____ \$ _____

Total funds: \$ _____

Personal Risk Management Exposure Survey Questionnaire

5. a. Are the post-death resources needed greater than the assets available to meet those needs? Yes No
- b. If yes, what is the difference? \$_____
6. Is your wife/husband a stay-at-home spouse? Yes No
7. Are you a proprietor, partner, or owner in a closely held corporation? Yes No

Estate

1. a. Do you have a will? Yes No
- b. If yes, when was it last updated? _____