

THE THOMPSON GROUP

Helping you and your family manage the risks you face RISK MANAGEMENT CHECKLIST TOOL

Please assist us in evaluating some potential risks that you may face by answering the following questions. Your responses will help us as we review your current program and allow us to offer possible solutions for you to consider. Thank you for your time.

1. Please list all the individuals in your household. (*This should include family members, foster children, significant others, roommates, wards of the court and foreign exchange students*).

2. Do you own or rent any other properties (*secondary residence, vacant land*)?

No ___ Yes ___, Describe: _____

3. Please list all the "other" structures on or off your property (*ex: detached garage, pool, guesthouse, storage buildings, barn, satellite dish, etc*).

4. Is there any business activity conducted on the premises?

No ___ Yes ___, Comment: _____

5. Does anyone own or financially control a business that is conducted at home?

No ___ Yes ___, Describe: _____

6. Are there any children or residents who live at a residence away from the primary residence or at school/college? No ___ Yes ___

7. Do you own any type of watercraft? No ___ Yes ___, If yes, describe the size, type and horsepower: _____

8. Do you own any motorized land conveyances: No ___ Yes ___, If yes, please list: (*examples: dirt bikes, go-carts, 4-wheelers, golf carts, RVs*) _____

9. Is there a Homeowners Association where you live? No ___ Yes ___

10. Do you have any residence employees? No ___ Yes ___

11. Do you have flood insurance? No ___ Yes ___

- 12. Does anyone drive any vehicles not shown on your policy (*ex: company car, roommates, friends, etc.*)? No ___ Yes ___, Describe: _____
- 13. Does anyone travel or occasionally rent cars? No ___ Yes ___
- 14. Is anyone furnished with a company vehicle? No ___ Yes ___
- 15. Does anyone transport people or goods for a fee? No ___ Yes ___
- 16. Does anyone travel outside the USA? No ___ Yes ___
- 17. Do you have any vehicles equipped with sound-producing equipment not permanently installed, or any other electronic equipment? Tapes? CDs? Value?

- 18. Do you own any trailers, campers, motorhomes, customized vans or a pick-up truck?
No ___ Yes ___
- 19. Are any of your vehicles financed or leased? No ___ Yes ___
- 20. Do you rent out any rooms, a garage or any type of space? No ___ Yes ___
If yes, describe: _____
- 21. Do you have a finished basement? No ___ Yes ___
- 22. May we present a low cost term or permanent life program for you to consider?
Term ___ Permanent ___ Both ___

Individual? No ___ Yes ___ Family? No ___ Yes ___
- 23. Do you feel that it is important to have your liability limits set high enough to protect your personal assets? Your asset list includes (*but is not limited to*) your home, land, savings, investments, IRA, 401K, etc. No ___ Yes ___
- 24. Do you have any special information you wish to share regarding your hobbies, collections, or special items of high monetary value (*such as silver, gold, jewelry, guns, furs, etc.*) that may require additional coverage?
No ___ Yes ___, Describe: _____

- 25. Are there any other areas of concern you would like to discuss?
No ___ Yes ___, Please list: _____

THANK YOU FOR TAKING THE TIME TO FILL OUT YOUR RISK MANAGEMENT CHECKLIST!