



Your Risk. Our People. Real Results.

Client Profile and Risk Management Needs Assessment

Personal Insurance Assessment Information

Client Name

Estimated Net Worth

Properties Owned and/or Leased

Primary Residence Address

Number of: Secondary Homes

Rental Homes

Commercial/Apartment Buildings

Vacant Land

Other (Describe)

Owned Autos and other Units

Number of: Private Passenger Vehicles

Classic Vehicles/Motorcycles Vessels/

Watercraft/Boats Recreational

Vehicles/Motorcycles

Other (Describe)

Key Contact Name

Phone Number

Email

Preferred Method of Introduction:

Private Meeting Teleconference/Phone Secured Email

When was the last time a risk analysis and insurance program review was completed?" (Choose 1)

0 to 1 years

2 to 4 years

5 + years

Are there any immediate concerns you would like to address?

Moving forward with your insurance program, what areas would you like to improve? (Check all that apply)

Overall Service

Personal Relationship

Cost Management

Accurate Coverage

When would you like us to follow up with you?

0 to 30 days

31 to 90 days

90 days Plus

Business Insurance Assessment Information

Company Name

Entity Type:

Sole Proprietorship

Corporation

LLC/LLP

Nonprofit

Public

Other

Company Representative Name

Company Representative Phone

EMail

Preferred Method of Introduction:

Private Meeting

Teleconference/Phone

Secured Email

Locations:

Headquarters

Number of Additional Locations

City and State

Industry Type (Retail, Manufacturing, Pharma, Etc.)

Gross Annual Revenue (Choose 1)

Under \$20MM

\$20 - \$50MM

\$50 - \$200MM

\$200MM +

Number of Employees (Choose 1)

0 to 50

51 to 100

100 to 300

300 +

When was the last time a risk analysis and insurance program review was completed?" (Choose 1)

0 to 1 years

2 to 4 years

5 + years

Are there any immediate concerns you would like to address?

Moving forward with your insurance program, what areas would you like to improve? (Check all that apply)

Overall Service

Personal Relationship

Cost Management

Accurate Coverage

When would you like us to follow up with you?

0 to 30 days

31 to 90 days

90 days Plus