



Alfa Insurance® Check Up

Be ready for tomorrow.



Do you have the coverage you need?

Customer Name: _____

Primary Phone: _____

Secondary Phone: _____

Preferred Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

HOUSEHOLD MEMBER INFORMATION

PERSONAL INFORMATION

Name	DOB	Primary Phone	Secondary Phone	Employer	Occupation

Any other household members not listed above? _____

AUTOMOBILE INSURANCE

Principal Operator	Year	Make	Model	VIN	Insurer	How Long?	Renewal Date	Miles to Work or School One Way
1.								
2.								
3.								
4.								
5.								

AUTO COVERAGE AND LIMITS

Auto	Bodily Injury	Property Damage	Medical Pay	Comp Deduct.	Collision Deduct.	U/M	U/M PD	ERS	LOU	LOI	D&D
1.											
2.											
3.											
4.											
5.											

Dates and details of any accidents or tickets of anyone in household in the past five years _____

PROPERTY INSURANCE

DWELLING INFORMATION

Type of Dwelling	Address of Dwellings	Insurer	How Long?	Renewal Date	Paid from Escrow?	Mortgage Balance	Years Remaining	Mortgage Protection?
Primary								
1.								
2.								

DWELLING COVERAGES AND LIMITS

Type of Dwelling	Coverage	Personal Property	Liab.	Medical Pay	Deduct.	Year Built	Type of Construction	Ground Fl. Sq. Ft.	Inside City?	Nearest Fire Dept.	Distance to Hydrant	Discounts?
Primary												
1.												
2.												

Do you have any special belongings that would need additional coverage? _____

Do you have any other insurance needs that I could quote for you? Insurance such as Commercial, Personal Umbrella, Watercraft, etc.? _____

Have you ever had a bankruptcy, foreclosure, or ever been in debtors court? _____

Dates and details of any fire losses or other types of claims _____

LIFE INSURANCE

Insured	Company	Coverage Amount	Additional Benefits/Riders	Type: Term, Perm., UL, VL?	Current Cash Value	Beneficiary	Mode

Based on the life insurance information listed above, do you think you have enough coverage to properly protect your family? _____

Yourself

Spouse

Final Expenses

This is for the bills that will have to be paid after death.

They may include:

- Funeral and Burial Costs
- Medical and Hospital Expenses
- Attorney/Executor's Fees
- Taxes

\$ _____

\$ _____

Debts

- Credit Card Debt
- Auto Loans
- Outstanding Bills
- Unpaid Notes

\$ _____

\$ _____

Home Assurance

This is to pay off existing mortgage, buy a home, or continue rental payments.

\$ _____

\$ _____

Children's Education

This is to provide for four years of college.

\$ _____

\$ _____

Income Replacement

Up to 8 years of current income is recommended.

\$ _____

\$ _____

Total Needs

\$ _____

\$ _____

Less Current Life Insurance In Force

\$ _____

\$ _____

Total Amount of Additional Life Insurance

\$ _____

\$ _____

How much can you comfortably fit into your budget each month to meet the needs of your family?

\$ _____



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