



# ALLCHOICE

your insurance. your choice.

## **ANNUAL REVIEW QUESTIONNAIRE**

Auto Insurance Review

IN THE LAST 9 – 12 MONTHS:

- 1. Has there been a change of drivers listed on your policy? \_\_\_\_\_
- 2. Has there been a change of vehicles listed on your policy? \_\_\_\_\_
- 3. Has a teen driver become licensed? \_\_\_\_\_
- 4. Has a student moved away to college? \_\_\_\_\_
- 5. Have you, or any driver, changed jobs or school locations? \_\_\_\_\_  
(which may affect you one way or annual mileage)
- 6. Have any insured vehicles been customized or altered? \_\_\_\_\_
- 7. Have you installed an auto security system? \_\_\_\_\_
- 8. Have you paid off a vehicle loan? \_\_\_\_\_
- 9. Have you filed an insurance claim? \_\_\_\_\_
- 10. Do you currently carry Comprehensive Coverage on all vehicles? \_\_\_\_\_
- 11. Do you currently carry Collision Coverage on all vehicles? \_\_\_\_\_
- 12. Do you currently carry Towing & Labor Coverage on all vehicles? \_\_\_\_\_
- 13. Do you currently carry Rental Reimbursement Coverage on all vehicles? \_\_\_\_\_

Would like a representative to contact you about any of the above? \_\_\_\_\_

Do you own your home or rent? \_\_\_\_\_

Do you currently insure your auto & home/renters insurance with the same company? \_\_\_\_\_

Have you considered increasing your liability limits? \_\_\_\_\_

Do you currently have any life insurance? \_\_\_\_\_

Are you considering a Certificate of Deposit or Annuity Investment? \_\_\_\_\_

Are you concerned about Identity Theft? \_\_\_\_\_

**Please confirm our contact information:**

Full Name: \_\_\_\_\_

Address (Street or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please Return Your Completed Questionnaire To ALLCHOICE (via mail or email)!**

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