



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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