



JAS-Insurance Group

# **P&C Confidential Needs Analysis**

For your Peace of Mind



Date \_\_\_\_\_

Prepared By \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Business \_\_\_\_\_ DBA \_\_\_\_\_

Business Type \_\_\_\_\_

Y/ M Business Started \_\_\_\_\_

Additional Insured \_\_\_\_\_

Email \_\_\_\_\_

## Health Insurance

Who are your health insurance providers?

Health \_\_\_\_\_ HSA \_\_\_\_\_

Dental and Vision \_\_\_\_\_

Do you know What type of plan you have PPO or HMO?

Client \_\_\_\_\_

Do you have separate Drug Coverage?

Client PDP Carrier \_\_\_\_\_

Do you have LTC insurance? \_\_\_\_\_

If so, who is the carrier?

Client \_\_\_\_\_

Do you know the premium cost? \_\_\_\_\_

Tell me about your health over the past three years

Client \_\_\_\_\_

Have you had a conversation concerning the need for LTC? \_\_\_\_\_

Who would care for you if you needed LTC? \_\_\_\_\_



**Do you have Life insurance?**

Client \_\_\_\_\_ Type of policies \_\_\_\_\_ Cost \_\_\_\_\_

Amount of Death Benefit \_\_\_\_\_ Beneficiaries \_\_\_\_\_

Spouse \_\_\_\_\_ Type of policies \_\_\_\_\_ Cost \_\_\_\_\_

Amount of Death Benefit \_\_\_\_\_ Beneficiaries \_\_\_\_\_

When was the last time you reviewed your policies? \_\_\_\_\_

**Retirement and Savings**

What are your sources of income?

Client \_\_\_\_\_

What are your concerns with your investments and expenses?

Client \_\_\_\_\_

What is your risk tolerance?

Client \_\_\_\_\_

What are your retirement goals?

\_\_\_\_\_

Do you have a retirement account? \_\_\_\_\_

Type of accounts? \_\_\_\_\_

**Personal P&C Coverage**

Who is your Homeowner's carrier? \_\_\_\_\_

Quote Yes \_\_\_\_ No \_\_\_\_

Who is your Flood insurance Carrier? \_\_\_\_\_

Quote Yes \_\_\_\_ No \_\_\_\_

Who is your Vehicle carrier? \_\_\_\_\_

Quote Yes \_\_\_\_ No \_\_\_\_

What type of vehicles do you own? \_\_\_\_\_

Do you have a personal umbrella policy? \_\_\_\_\_

Quote Yes \_\_\_\_ No \_\_\_\_

## Business P&C Coverage

What type of coverage do you need for your Business?

Commercial Auto \_\_\_\_\_

Commercial property \_\_\_\_\_

Business owner's policy \_\_\_\_\_

Business flood \_\_\_\_\_

General Liability \_\_\_\_\_

Professional Liability \_\_\_\_\_

Cyber Liability \_\_\_\_\_

Contractor's Equipment \_\_\_\_\_

Management Liability \_\_\_\_\_

Workers Compensation \_\_\_\_\_

Hospitality and Liquor \_\_\_\_\_

Non-profits \_\_\_\_\_

Special Events \_\_\_\_\_

Other \_\_\_\_\_

## Business Information

Additional Owners \_\_\_\_\_

Number of employees full time \_\_\_\_\_

Number of Employees part time \_\_\_\_\_

Estimated gross sales \_\_\_\_\_

Estimated gross payroll \_\_\_\_\_

Number of claims in the last 5 years \_\_\_\_\_

Number of business locations \_\_\_\_\_

States business performs in \_\_\_\_\_

Business addresses \_\_\_\_\_

Business Phone Number \_\_\_\_\_



## Property Details

Occupancy Owner occupied \_\_\_\_ Tenant \_\_\_\_ Lessors Risk \_\_\_\_

Total square Footage \_\_\_\_\_

Year Built \_\_\_\_\_

Number of Stories \_\_\_\_\_

Construction Type \_\_\_\_\_

Roof Covering \_\_\_\_\_

Roof Shape \_\_\_\_\_

Sprinkler System \_\_\_\_\_

Building Coverage Amount \_\_\_\_\_

Business Personal Property Amount \_\_\_\_\_

Valuation - Replacement Cost \_\_\_\_ Cash Value \_\_\_\_

AOP Deductible \_\_\_\_\_

Wind and Hail Deductible \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Liability Limit \_\_\_\_\_

Medical Expense \_\_\_\_\_

Damage to Premises Amount \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_