

# How's **Your Insurance IQ?** Take Our **QUIZ & SEE.**



In the event of a loss, your **Homeowners Policy** is the first item you will read. Take our quiz to make sure **you have covered your most prized possessions.**

**I understand the following:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| I have checked my policy to make sure that I have replacement cost coverage for my contents.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I should take an inventory of my personal property and save all major receipts. Photos or videos to document these possessions in the event of a loss are also beneficial.  | <input type="checkbox"/> | <input type="checkbox"/> |
| My precious items (such as jewelry, furs, silver, china, fine arts, guns, etc) should be appraised and specifically listed as valuable items as my basic homeowners policy provides only minimal coverage for these items.  | <input type="checkbox"/> | <input type="checkbox"/> |
| A standard homeowners policy provides a minimum of \$100,000 liability coverage. I have considered upgrading to \$500,000 in coverage, and should consider an umbrella liability policy of at least \$1,000,000 (an umbrella provides additional coverage in excess of the limits on your homeowners, auto, and watercraft policies). | <input type="checkbox"/> | <input type="checkbox"/> |
| My policy does not provide flood coverage. I should consider contacting BPH for a quote for a flood policy.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I must check my policy to see if there is a separate deductible for wind and hail damage.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I should consider adding building ordinance or law coverage to meet my current rebuilding codes.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I operate a business in another structure, and am aware that I need extra coverage for both the business and the structure.   | <input type="checkbox"/> | <input type="checkbox"/> |
| My policy does not provide coverage for my home-based business and I should inquire about possible coverage for my home office.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I operate a daycare business in my home and have recently discussed it with BPH. I need a separate commercial policy for the daycare.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Extra coverage is required in case oil leaks into my home from the oil tank or the fuel line (these must be in compliance with Massachusetts law). I will call BPH to get a quote to add to this coverage.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Earthquake coverage is excluded from my homeowners policy, and I should consider adding coverage.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited identity theft coverage is available should I want to add it to my homeowners policy.   | <input type="checkbox"/> | <input type="checkbox"/> |
| My policy does not provide Workers Compensation for any domestic employees I employ.  | <input type="checkbox"/> | <input type="checkbox"/> |
| My boat is insured under a separate boat policy. I am aware that I need to discuss boat liability with BPH.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited mold coverage is provided by the homeowners polity and higher limits can be purchased.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I should make a decision about including extra coverage for back-up of sewer and drain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I must notify BPH if I have transferred ownership of my home to a trust so that the trust is protected by the policy as an additional insured.  | <input type="checkbox"/> | <input type="checkbox"/> |
| If my home is vacant for more than 30 days, some important changes will no longer apply.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I live in the insured property. I have not moved out while it is being remodeled nor have I rented it to others.  | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked no to any question and would like to review your policy with us, please complete this form and return in the enclosed envelope or call us at 617-472-3000. *Your reimbursement at the time of a loss is our primary concern.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_



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