[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Annual Policy Review - Life Event Coverage Questionnaire

Dear [Policyholder Name],

At [Insurance Agency Name], we want to ensure your coverage continues to meet your needs as your life changes. It is time for your annual policy review.

Significant life events can create gaps in your protection or qualify you for additional discounts. Please complete the following questionnaire regarding changes over the past 12 months:

1. Marital Status: Have you married, divorced, or been widowed?
[ ] Yes [ ] No

2. Household Members: Have there been any births, adoptions, or children moving out?
[ ] Yes [ ] No

3. Employment: Have you changed jobs, retired, or started a home-based business?
[ ] Yes [ ] No

4. Property: Have you purchased a new home, completed renovations, or bought high-value items (jewelry, art, etc.)?
[ ] Yes [ ] No

5. Vehicles: Have you purchased a new vehicle or changed your daily commute distance?
[ ] Yes [ ] No

6. Contact Information: Has your phone number or email address changed?
[ ] Yes [ ] No

If you answered "Yes" to any of the above, please contact our office at [Phone Number] or email us at [Email Address] to schedule a brief review. If no changes have occurred, please sign below and return this form to keep your records current.

Signature: _____
Date: _____

Thank you for choosing [Insurance Agency Name].

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]