Renewal Review Request

DRAFT WORKSHEET / NOT SIGNED OR SUBMITTED

This is a consultation request, not an application, coverage offer, replacement instruction, non-renewal notice or cancellation request. Continue following your current policy's renewal and payment requirements unless the agency and carrier confirm otherwise.

Exact legal name of named insured

Mailing address, city, state and ZIP

Current insurance carrier

Policy number

Your full name

Your title or relationship to the named insured

Verified account email

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Contact phone

Policy renewal date

Your primary review goal

Choose one: Review current limits and protection / Explore available alternatives / Discuss household or business changes / Understand renewal terms / General renewal planning

Changes or questions to discuss (optional)

REQUEST SCOPE / REVIEW BEFORE SUBMITTING

I am the named insured or an authorized representative and request a renewal consultation only. This does not renew or cancel my current policy, switch carriers, guarantee a quote or savings, or authorize replacement coverage. I remain responsible for existing policy deadlines and payments.

I ask Kalvira to save this request in my private client account and email a copy through its email provider to gor@kalvira.com. I have read the portal privacy notice. Email is not end-to-end encrypted. I will not include Social Security numbers, payment details, medical records, or claimant information.

No signature or broker appointment is created by this worksheet. Email verification confirms mailbox access, not identity or

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authority. Do not use this document as a certificate, binder, cancellation notice, or claim report.