

DiMatteo **I**nsurance Service Center

79 Bridgeport Avenue
Shelton, CT 06484
Phone: 203-924-4811 / Fax: 203-924-4710
Website: www.dimatteoinsurance.com

649 Amity Road
Bethany, CT 06524
Phone: 203-393-5900 / Fax: 203-924-4710

Personal Touch



Volume 16, No. 1

Lead in your home: a slow poison

Lead is a proven health hazard. Unless otherwise “deleaded,” most older homes and buildings constructed prior to 1978 are likely to contain lead paint, which is the most common form of lead found in homes. Fortunately, home sellers and landlords are now required to disclose any “known information” on lead in the home.

According to the Environmental Protection Agency (EPA, 2006), lead paint can enter the body simply through breathing in its dust. It can be particularly dangerous to children under age six because they are developing mentally and physically at a rapid pace. However, lead is also a danger to adults. The effects of exposure to lead may be as minor as concentration and memory problems, or as severe as nerve disorders or reproductive difficulties.

To protect your family’s health, have your home tested for lead

paint, especially if it was built before 1978. If lead paint is detected, do not try to remove it yourself. Improper removal can create a more dangerous environment. Also, talk to your doctor or your local health department to see if you or your child should be tested for lead. Finally, be sure to familiarize yourself with the following information:

- The primary source for lead exposure is lead-based paint that is peeling, chipping, chalking, or cracking—an obvious hazard when found on open surfaces with which children come into contact, such as window trim and sills, doors and doorframes, stairs, railings, banisters, porches, and fences.
- When scraped, sanded, or heated, lead-based paint can give off lead dust that could settle and reenter the air when you vacuum, sweep, or walk through affected areas.
- Lead solder in your pipes can contaminate drinking water. If you suspect lead in your plumbing, call your local health department to find out about testing your water.
- Lead can also be found in your yard. If lead is in your soil, you could have unknowingly tracked it into your home or a child could have played in contaminated soil.

By maintaining your awareness of these concerns and adopting a proactive attitude toward minimizing exposure, you can help reduce the potential risk to your family’s health associated with lead poisoning. For more information on how to protect your family from lead exposure, or what to do if you have been exposed, contact the National Lead Information Center at 1-800-424-LEAD.



Guarding against dangerous gases

You can't see them, you can't taste them, you can't even smell them, but they may be in your home. Both **carbon monoxide** and **radon** can be a danger to you and your family. Similar to lead, carbon monoxide and radon enter the bloodstream through breathing, and high levels of ingestion can cause serious health problems.

Carbon Monoxide

Carbon monoxide (CO) is a gas produced by items commonly found in homes. Gas stoves, furnaces, water heaters, chimneys, and space heaters—items that burn fuel—produce CO. If your home is not ventilated properly, or if these items are not properly maintained, you and your family may be exposed to carbon monoxide poisoning. The symptoms of CO poisoning are similar to those of the flu or even the common cold, including nausea, vomiting, headaches, dizziness, fatigue, and chest pain. Because these symptoms are present in many common illnesses, it may be difficult to suspect exposure to CO poisoning. If left untreated, CO poisoning may lead to permanent

damage to organs such as the heart, and overexposure may be fatal. The Centers for Disease Control and Prevention (CDC, 2007) reports that over 500 people per year in the United States are fatal victims of “unintentional carbon monoxide poisoning.”

If you have not already done so, consider contacting your local utility companies to inspect any equipment you suspect may be faulty or that might contribute to the air quality of your home. The following steps can help minimize exposure to CO poisoning:

- Allow fresh air into your house regularly through open windows and/or screen doors.
- Remember to have your chimney inspected and cleaned once a year to ensure the flue is clear.
- Wait until your garage door is open before starting your car.
- Always be sure your gas stove is completely turned off when it is not in use.

Radon

Another deadly gas that may be lurking in your home is radon. Like carbon monoxide, radon is invisible to the eye and undetectable by smell or taste. According to the American Lung Association (ALA, 2007), it is a leading cause of lung cancer, second only to cigarette smoking, and it is responsible for 21,000 deaths from lung cancer annually.

Radon gas is produced as uranium decays, and it is prevalent in soil and rock, which decay underground. Any building below three stories should be tested for radon. The following are a few facts to help you better understand radon and how it can affect you and your home:

- Radon makes its way into a home through openings such as foundation cracks and porous floors.
- Radon may be present in your water supply.
- According to the ALA, high levels of radon affect an estimated 8 million homes in the U.S., and radon has been found in all 50 states.
- Even if your neighbor's home has normal levels of radon, your home may not have equally normal levels.

If you are wondering whether or not radon may be present in *your* home, you can test for it yourself by purchasing either a short-term test kit or a long-term test kit that remains in your home for more than 90 days. When you purchase a test kit, you will want to check that it has been cleared through the Environmental Protection Agency (EPA) to help ensure accurate results.

Education = Protection

Fighting a danger you may not even know is in your home is a frustrating battle. Educating yourself and your family can help you win. For more information about carbon monoxide and radon, visit the Environmental Protection Agency at www.epa.gov or the American Lung Association at www.lungusa.org.





Your personal checklist

Just as your health needs an annual checkup, so does your insurance program. Although you may be unaware of it, your financial profile has probably changed over the past year. Therefore, you may need to adjust your insurance coverage. Please take the time to complete this checklist and mail it back to us in the enclosed envelope. Or, if you prefer to discuss your insurance needs in person, please call to schedule an appointment.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check yes or no. If yes, on a separate piece of paper, please provide a brief description or explanation.

- Yes No 1. Do you have collectibles such as antiques, fine art, stamps, coins, or baseball cards?
- Yes No 2. Do you own valuable jewelry or furs?
- Yes No 3. Do you own costly sporting equipment or firearms?
- Yes No 4. Do you have expensive cameras or other photography equipment?
- Yes No 5. Do you have any alarms installed in your home? If so, what types and are they monitored?
- Yes No 6. Do you keep more than \$200 cash in your home?
- Yes No 7. Are your personal belongings insured for their full replacement value?
- Yes No 8. Do you have children away at college?
- Yes No 8a. If so, are their possessions insured?
- Yes No 9. Do you own tools, equipment, or instruments used in your trade or profession?
- Yes No 10. Do you operate an office or studio in your home?
- Yes No 11. Do clients come into your home to make purchases/conduct business?
- Yes No 12. Are you concerned with water backup through sewers or drains?
- Yes No 13. Do you or your resident children babysit for a fee?
- Yes No 14. Do you have a dog, cat, or other animal?
- Yes No 15. Have you recently remodeled or redecorated your home?
- Yes No 15a. Do you have plans to do so?
- Yes No 16. If your home suffered a total loss, would your insurance cover your home's full replacement value?
- Yes No 17. Are you interested in flood insurance for your home and personal property?
- Yes No 18. Are you interested in earthquake coverage?
- Yes No 19. Do you use a wood, coal, or pellet-burning stove?
- Yes No 20. Do you have a swimming pool?
- Yes No 21. Do you own rental or investment property?
- Yes No 22. Do you own a vacation residence (e.g., condo, cabin, or trailer)?
- Yes No 23. If you rent, do you carry renters insurance?
- Yes No 24. If you own a condo, do you have condo insurance?



Personal Touch

- Yes No 25. Do you plan to purchase a new vehicle this year?
- Yes No 25a. If so, would you like us to provide you with an insurance estimate on the vehicle(s) you are considering?
Write year, make, model, and type of vehicle(s): _____
- Yes No 26. Does our agency insure all your vehicles?
- Yes No 27. Does your automobile policy list the names of all drivers living in your household?
- Yes No 28. Do you routinely drive vehicles you do not own?
- Yes No 29. Do you have non-factory installed equipment (like stereos, DVD players, navigation systems, etc.) in your car?
- Yes No 29a. If so, would you like a quote on insuring those items?
- Yes No 30. Do you own a vehicle with custom furnishings or equipment (e.g., a conversion van)?
- Yes No 31. If your vehicle were damaged in an accident, would you need your current automobile policy to reimburse you for a rental car while yours is being repaired?
- Yes No 32. Do you own any of the following recreational vehicles?
- | | | | | |
|-------------------------------------|-------------------------------------|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Boat | <input type="checkbox"/> Camper | <input type="checkbox"/> All-Terrain Vehicle | <input type="checkbox"/> Motor Home | <input type="checkbox"/> Golf Cart |
| <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Moped | <input type="checkbox"/> Others _____ | |
- Yes No 33. Do you carry at least a \$1,000,000 umbrella liability policy?
- Yes No 34. Do you own a business?
- Yes No 34a. If so, do we currently insure it?
- Yes No 35. Do you plan to start a business?
- Yes No 36. Would you like a no-obligation review of your life insurance needs for your business (e.g., key person life insurance)?
- Yes No 37. Do you have professional liability or malpractice coverage?
- Yes No 38. Do you and your family have health insurance coverage?
- Yes No 39. Do you have disability income insurance?
- Yes No 39a. Do other family members need such coverage?
- Yes No 40. Do you have life insurance that would pay your mortgage in the event of your death?
- Yes No 41. Would you like a no-obligation review of your personal life insurance needs?
- Yes No 42. Do you have long-term care coverage to protect your savings from expensive nursing home costs?
- Yes No 43. Do you know anyone else who might benefit from a no-obligation insurance review from our agency?
Please list: _____

Please sign and date this form and return it to us in the enclosed envelope.

Signature _____ Date _____

Please call or stop by if you have any questions or concerns. We are happy to serve your needs, and we appreciate your time and valuable input. Thank you!