

INSURANCE SUMMARY

LIFE INS. CO.	Type Term/Perm	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	Present Loan Balance	Smoker Y/N

DISABILITY INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

Do you carry Business Overhead Expense Insurance (Y/N)?

HEALTH INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

LONG TERM CARE	Insured	Daily Benefit	Inflation Rider Y/N	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period (Yrs)	At Home Benefit %

AUTO INS. CO.	Insured	Liability Limit I.e.100/300	Deductible	Uninsured Limit 100/300
#1				
#2				
Other				

Towing Yes No
Stacking* Yes No
Umbrella Policy Yes No

Do you have umbrella liability insurance? Yes / No **Amt. Coverage** _____ Premium _____

Do you have a termite bond? Yes / No If yes, company _____ Premium _____

Home Ins. Company _____

Deductible \$ _____ Liability Limit \$ _____

Replacement Value Yes / No _____

* Stacking - combing the uninsured motorist limits for two related insureds in one policy