

Insurance Policy Information

Auto Insurance Policies

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year & make				
Vehicle ID #				
Bodily injury coverage				
Property damage coverage				
Uninsured motorist coverage				
Collision deductible				
Comprehensive deductible				
Other information				
Annual premium				
Policy number				

Insurance company _____

Insurance agent _____

Agent phone number _____

Life Insurance Policies

	Person A	Person B	Person C	Person D
Name				
Benefit amount				
Beneficiary				
Policy type (term, whole, etc)				
Annual premium				
Policy number				
Location of policy				
Any loans taken				
Insurance company				
Insurance agent				
Insurance phone number				
Employer provided?				

Other Insurance Policies

Homeowner's/Renter's Policies

	Policy 1	Policy 2
Address covered		
Insurance company		
Policy number		
Insurance agent		
Agent phone number		
Coverage amount – structure		
Coverage amount – contents		
Deductibles		
Riders		
Annual premium		
Location of policy		

Umbrella Liability Policy

Insurance company	
Insurance agent	
Agent phone number	
Policy number	
Coverage amount	
Location of policy	

Health Insurance Policies

	Policy 1	Policy 2
Family members covered		
Insurance company		
Insurance agent		
Agent phone number		
Policy number		
Annual premium		
Deductibles		
Co-pays		
Prescription coverage		
Dental coverage		
Eye care coverage		
Riders or exclusions		
Employer provided?		