

INSURANCE SUMMARY

LIFE INSURANCE CO.	TYPE TERM/PERM	INSURED	ANNUAL PREMIUM	POLICY FACE AMOUNT	CURRENT CASH VALUE	CASH VALUE AT RETIREMENT	PRESENT LOAN BALANCE	SMOKER Y/N

DISABILITY INSURANCE CO.	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N

Do you carry Business Overhead Expense Insurance? Yes No

HEALTH INSURANCE CO.	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N
Medicare Supplement								

LONG TERM CARE	INSURED	DAILY BENEFIT	RIDER Y/N	INDIVIDUAL	PERIOD	FREQUENCY	PERIOD (YRS)	BENEFIT %

AUTO INSURANCE CO.	INSURED	LIABILITY LIMIT I.E. 100/300	DEDUCTIBLE	LIMIT 100/300	TOWING Y/N	UMBRELLA POLICY Y/N	UMBRELLA AMT. COVERAGE	UMBRELLA PREMIUM
#1								
#2								
Other								

HOME INSURANCE CO.	DEDUCTIBLE	LIABILITY LIMIT	REPLACEMENT VALUE Y/N
	\$	\$	

CURRENT ANNUAL INCOME	Client 1	INCREASE RATE/YEAR	Client 2	INCREASE RATE/YEAR
Salary (gross)				
Bonus				
Net Business Income (Loss)				
Dividends/Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
TOTAL GROSS INCOME				

* IF PENSION INCOME, PLEASE DESCRIBE ANY SURVIVORSHIP OPTIONS.