



Summary of Insurance Statement

Life Insurance

Policy Owner	Beneficiary	Insurance Type	Death Benefit	Annual Premium
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Total	\$ _____

Disability Insurance

Policy Owner	Type of Disability (short-term/long-term)	Length of Benefit	Benefit Amount	Annual Premium
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			Total	\$ _____

Property and Casualty Insurance

Type of Coverage	Policy Limits	Deductible Amount	Annual Premium
Homeowner's	\$ _____	\$ _____	\$ _____
Tenant's/Renter's	\$ _____	\$ _____	\$ _____
Auto	\$ _____	\$ _____	\$ _____
Umbrella Liability	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
		Total	\$ _____

Long Term Care Insurance

Policy Owner	Length of Benefit	Benefit Amount	Annual Premium
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
		Total	\$ _____

Please note that this document is for informational purposes only and is not intended as investment, tax, financial, legal or other advice. Your personal decisions should be based on the recommendations of your own professional advisors.