

# PROVIDENCE PARTNERS

A RISK MANAGEMENT FIRM

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PREPARED FOR

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PROVIDED BY

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## Insurance Policy Data Review

Confidential Portfolio Evaluation

# Insurance Policy Information

Please review the following for accuracy and add any coverage details not currently listed.

## LIFE INSURANCE SUMMARY

Insurance Company	Death Benefit	Cash Value (Leave blank if Term)
<b>YOUR POLICIES</b>		
.....	\$ .....	\$ .....
.....	\$ .....	\$ .....
.....	\$ .....	\$ .....
<b>Total Your Life Insurance</b>	<b>\$ .....</b>	<b>\$ .....</b>
<b>SPOUSE'S POLICIES</b>		
.....	\$ .....	\$ .....
.....	\$ .....	\$ .....
<b>Total Spouse's Life Insurance</b>	<b>\$ .....</b>	<b>\$ .....</b>

## CHILDREN'S LIFE INSURANCE

Insurance Company	Name of Insured	Death Benefit	Cash Value
.....	.....	\$ .....	\$ .....
.....	.....	\$ .....	\$ .....
<b>Total Children's Policies</b>		<b>\$ .....</b>	<b>\$ .....</b>

### NOTES

## DISABILITY INSURANCE

Coverage Type	Insurance Company	Monthly Income	Benefit Duration
Short-Term (Self)	.....	\$ ..... / mo	..... mos
Short-Term (Spouse)	.....	\$ ..... / mo	..... mos
Long-Term (Self)	.....	\$ ..... / mo	..... yrs
Long-Term (Spouse)	.....	\$ ..... / mo	..... yrs

## MEDICAL & LONG-TERM CARE INSURANCE

Coverage Type	Insurance Company	Details / Monthly Benefit
Health Insurance	.....	<input type="checkbox"/> Employer-Provided?
Long-Term Care (Self)	.....	\$ ..... /mo
Long-Term Care (Spouse)	.....	\$ ..... /mo

### NOTES

# For Review: Life Insurance Policy Details

## Policy Portfolio Entry #1

Policy Number:.....	Policy Type:.....
Policyowner:.....	Insured:.....
Primary Beneficiary:.....	Contingent Beneficiary:.....
Payment Amount: \$ .....	Payment Mode:.....
Guaranteed Cash Value: \$ .....	Outstanding Loan: \$ .....
Interest Rate on Loan:..... %	Current Dividend: \$ .....
Death Benefit: \$ .....	Net Death Benefit (with Loan): \$ .....
How Dividend Applied: .....	

### Additional Provisions (Riders):

1. ....
2. ....
3. ....

### Options:

1. ....
2. ....
3. ....

## Policy Portfolio Entry #2

Policy Number:.....

Policy Type:.....

Policyowner:.....

Insured:.....

Primary Beneficiary:.....

Contingent Beneficiary:.....

Payment Amount: \$ .....

Payment Mode:.....

Guaranteed Cash Value: \$ .....

Outstanding Loan: \$ .....

Interest Rate on Loan:..... %

Current Dividend: \$ .....

Death Benefit: \$ .....

Net Death Benefit (with Loan): \$ .....

How Dividend Applied:  
.....

Additional Provisions (Riders):

Options:

1. ....

1. ....

2. ....

2. ....

3. ....

3. ....

For additional data review forms or planning assistance, contact Jay at **251-604-7024**.