



## Insurance Summary Outliner



### Action – Outline Your Insurance Policies

The Financial and Property & Casualty Insurance Summaries allow you to recap your various financial and casualty insurance policies in one central location. By completing the summaries, you will learn more about your insurance policies and the areas of your net worth that are properly insured, uninsured, or underinsured. As you become aware of uninsured or underinsured exposures, note on your Things To Do list for further research.



### Instructions – Insurance Summaries

1. Locate your insurance policies.
2. Complete this outline form for each one of your insurance policies.

Most of this information can be obtained from the cover pages of your insurance policies.

You may also want to have your insurance agent assist you with completing these outlines.

Check policies both for risk exposure and coverage, as well as the financial condition of the insurance company. Next, determine if there are ways to effectively lower your premium.

3. Log the policy renewal date on your Financial Planning Calendar and make a note to review your policy two months before the actual renewal date.

4. Place your insurance policies in your Financial Organizer.

5. Store these summaries in your Financial Organizer or forms binder.

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If you would like to learn more about the *financial* PARTNER  
System go to <http://www.thefinancialawarenessfoundation.org/>

If you would like to learn more about Your Estate Planning Organizer go to  
<http://www.thefinancialawarenessfoundation.org>

**MIND**  
**MONEY**  
**MOTION**



# FINANCIAL INSURANCE SUMMARY

## LIFE INSURANCE

COMPANY & POLICY NO.	NAME OF INSURED	POLICY DATE	ANNUAL PREMIUM	AMOUNT OF COVERAGE	TYPE OF CONTRACT	CASH VALUE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
	ACCOUMLATED DIVIDENDS	POLICY LOAN/RATE	OWNER	BENEFICIARY	AGENT	PHONE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## MEDICAL INSURANCE

COMPANY & POLICY NO.	THOSE INSURED	GROUP OR PERSONAL	ANNUAL PREMIUM	DEDUCTIBLE	CO-INSURANCE	MAX.OUT OF POCKET EXPOSURE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
	LIFETIME MAX BENEFIT	HOSPITAL COVERAGE	EXCLUSIONS	MATURNITY/ PRESCRIPTION COVERAGE	AGENT	PHONE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## DENTAL

COMPANY & POLICY NO.	INSURED	PREMIUM/ DEDUCTIBLE	CO/ INSURANCE	MAX AMOUNT	AGENT	PHONE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## VISION

COMPANY & POLICY NO.	INSURED	PREMIUM/ DEDUCTIBLE	CO/ INSURANCE	MAX AMOUNT	AGENT	PHONE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## DISABILITY INSURANCE

COMPANY & POLICY NO.	INSURED	POLICY DATE	ANNUAL PREMIUM	WAITING PERIOD	ACCIDENT WAITING PERIOD	SICKNESS WAITING PERIOD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
	DEFINITION OF DISABILITY		COST OF LIVING	MONTHLY BENEFITS	AGENT	PHONE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## LONG-TERM CARE

COMPANY & POLICY NO.	NAMED INSURED	RENEWAL DATE	ANNUAL PREMIUM	MONTHLY BENEFIT	WAITING PERIOD	COST OF LIVING
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
	BENEFIT INCREASE OPTIONS		EXCLUSIONS		AGENT	PHONE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____



# PROPERTY & CASUALTY INSURANCE SUMMARY

## PROPERTY INSURANCE

COMPANY & POLICY NO.	TYPE OF PROPERTY	RENEWAL DATE	ANNUAL PREMIUM/ DEDUCTIBLE	TYPE OF POLICY	STRUCTURE/ OTHER STRUCTURES	PERSONAL PROPERTY
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

  

LOSS OF USE	PERSONAL LIABILITY	REPLACEMENT DWELLING CONTENTS	FLOOD/ EARTHQUAKE/ CODE & ORDANCE	AGENT	PHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## VEHICLE INSURANCE

COMPANY & POLICY NO.	THOSE INSURED	CAR LICENSE	YEAR/ MAKE	RENEWAL DATE	ANNUAL PREMIUM	DEDUCTIBLE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

  

LIABILITY/ PROPERTY DAMAGE	MEDICAL PAYMENTS BENEFIT	UNINSURED & UNDERINSURED MOTORIST	COMPREHENSIVE COLLISION EXCLUSIONS	AGENT	PHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## PERSONAL EXCESS INDEMNITY / UMBRELLA POLICY

COMPANY & POLICY NO.	RENEWAL DATE	LIABILITY LIMITS	PERSONAL	UNDERLINING LIMITS VEHICLE	RECREATION	WATERCRAFT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

  

ANNUAL PREMIUM	DEDUCTIBLE	NOTES	AGENT	PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## OTHER INSURANCE

COMPANY & POLICY NO.	NAMED INSURED	RENEWAL DATE	ANNUAL PREMIUM	LIABILITY LIMITS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____