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# THE INSURANCE ORGANIZER

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FROM CHAOS TO CONFIDENCE

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# ORGANIZING YOUR INSURANCE POLICIES

Your safe deposit box is not the best place to keep your insurance policies. Most financial experts agree it's better if you keep them in your home file where they are handy. But, they also say that you should keep a full description of your policies in your safe deposit box, just in case they are ever lost or destroyed.

This Insurance Organizer includes all of the information you'll need about your policies for your safe deposit box. Then, if they are lost or destroyed, you'll have everything your insurance companies will need to replace your policies quickly.

Like most guidelines, there's an exception to this one too. If you have an annuity, or other certificate or policy which describes retirement income benefits, keep it in your safe deposit box. This is particularly important if it describes vested retirement benefits from an old employer who you left years ago. For your convenience, you may also want to keep a photocopy of it in your home file.

Finally, as you go through your policies, check your home-owners or renters insurance policy to see if it covers your negotiable bearer bonds or other valuables while they are in your safe deposit box. If they aren't, ask your bank if their insurance covers, at full market value, everything valuable which you keep in your box. If it doesn't, we recommend that you add supplemental coverage to your own policy.

Use this page for all Life Insurance (Individual, Employee, Union and Retiree Group Life),  
Accidental Death Insurance and Travel Accident Insurance

**Type of Policy** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Face Amount \$** \_\_\_\_\_ **Issue Date** \_\_\_\_\_ **Expiration or Maturity Date** \_\_\_\_\_  
**Insured Person** \_\_\_\_\_ **Policy Owner** \_\_\_\_\_  
**Beneficiaries** \_\_\_\_\_  
**Premium Due = \$** \_\_\_\_\_ **How Frequently?** \_\_\_\_\_  
**Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name and Address of Insurance Agent** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of Policy** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
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\_\_\_\_\_ **Phone** \_\_\_\_\_

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**Insured Person** \_\_\_\_\_ **Policy Owner** \_\_\_\_\_  
**Beneficiaries** \_\_\_\_\_  
**Premium Due = \$** \_\_\_\_\_ **How Frequently?** \_\_\_\_\_  
**Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name and Address of Insurance Agent** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of Policy** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

If this is a single premium immediate or deferred annuity, the original cost = \$ \_\_\_\_\_

Monthly Benefit \$ \_\_\_\_\_ Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Covered Person \_\_\_\_\_ Policy Owner \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Insurance Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Agent Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Type of Policy** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

If this is a single premium immediate or deferred annuity, the original cost = \$ \_\_\_\_\_

Monthly Benefit \$ \_\_\_\_\_ Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Covered Person \_\_\_\_\_ Policy Owner \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Insurance Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Agent Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Type of Policy** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

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Monthly Benefit \$ \_\_\_\_\_ Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Covered Person \_\_\_\_\_ Policy Owner \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Insurance Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Agent Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Type of Policy** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

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Monthly Benefit \$ \_\_\_\_\_ Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Covered Person \_\_\_\_\_ Policy Owner \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Insurance Company Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Agent Name/Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**His Primary Health, Medical or MEDICARE Insurance:**

Issue Date \_\_\_\_\_ Policy or Plan Number \_\_\_\_\_

Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

**If MEDICARE**, Date of Enrollment \_\_\_\_\_ Medicare Insurance # \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**His Supplemental Health or Medical Insurance:** Policy or Plan Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Other Supplemental Health or Medical Insurance:** Policy or Plan Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Other Supplemental Health or Medical Insurance:** Policy or Plan Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**His Long-Term Care (Nursing Home) Insurance:** Policy or Plan Number \_\_\_\_\_

Covered Person(s) \_\_\_\_\_ Daily Benefit = \$ \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Waiting Period \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Her Primary Health, Medical or MEDICARE Insurance:**

Issue Date \_\_\_\_\_ Policy or Plan Number \_\_\_\_\_

Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

**If MEDICARE**, Date of Enrollment \_\_\_\_\_ Medicare Insurance # \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Her Supplemental Health or Medical Insurance:** Policy or Plan Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Other Supplemental Health or Medical Insurance:** Policy or Plan Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Other Supplemental Health or Medical Insurance:** Policy or Plan Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Her Long-Term Care (Nursing Home) Insurance:** Policy or Plan Number \_\_\_\_\_

Covered Person(s) \_\_\_\_\_ Daily Benefit = \$ \_\_\_\_\_

Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_

Waiting Period \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

DISABILITY INCOME INSURANCE

Policy Number \_\_\_\_\_ Waiting Period Before Benefits Begin \_\_\_\_\_
Covered Person(s) \_\_\_\_\_ Monthly Benefit = \$ \_\_\_\_\_
Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_
Name and Address of Insurance Company \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_
Name and Address of Insurance Agent \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Waiting Period Before Benefits Begin \_\_\_\_\_
Covered Person(s) \_\_\_\_\_ Monthly Benefit = \$ \_\_\_\_\_
Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_
Name and Address of Insurance Company \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_
Name and Address of Insurance Agent \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_

HMO OR PPO HEALTH CARE PLAN

Plan Name \_\_\_\_\_ Plan Name \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_ \_\_\_\_\_ Phone \_\_\_\_\_
Plan ID# \_\_\_\_\_ Plan ID# \_\_\_\_\_
Covered Person(s) \_\_\_\_\_ Covered Person(s) \_\_\_\_\_

OTHER LIFE, ACCIDENT, HEALTH, MEDICAL AND DENTAL INSURANCE

Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_
Covered Person(s) \_\_\_\_\_ Benefit Amount = \$ \_\_\_\_\_
Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_
Name and Address of Insurance Company \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_
Name and Address of Insurance Agent \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_

Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_
Covered Person(s) \_\_\_\_\_ Benefit Amount = \$ \_\_\_\_\_
Issue Date \_\_\_\_\_ Premium Due = \$ \_\_\_\_\_ How Frequently? \_\_\_\_\_
Name and Address of Insurance Company \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_
Name and Address of Insurance Agent \_\_\_\_\_
\_\_\_\_\_ Phone \_\_\_\_\_



### LICENSED DRIVERS IN OUR FAMILY

Name	Drivers License Number	State Issued In	Expires On

**AUTO** (for which car) \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insured Driver(s) \_\_\_\_\_  
 Next Renewal Date \_\_\_\_\_ Renewal Period \_\_\_\_\_ Last Premium Paid \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Name and Address of Insurance Agent \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**AUTO** (for which car) \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insured Driver(s) \_\_\_\_\_  
 Next Renewal Date \_\_\_\_\_ Renewal Period \_\_\_\_\_ Last Premium Paid \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Name and Address of Insurance Agent \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**AUTO** (for which car) \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insured Driver(s) \_\_\_\_\_  
 Next Renewal Date \_\_\_\_\_ Renewal Period \_\_\_\_\_ Last Premium Paid \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Name and Address of Insurance Agent \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**AUTO** (for which car) \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insured Driver(s) \_\_\_\_\_  
 Next Renewal Date \_\_\_\_\_ Renewal Period \_\_\_\_\_ Last Premium Paid \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Name and Address of Insurance Agent \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

# OTHER PROPERTY AND CASUALTY INSURANCE

**BOAT (Describe)** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Next Renewal Date** \_\_\_\_\_ **Renewal Period** \_\_\_\_\_ **Last Premium Paid \$** \_\_\_\_\_  
**Deductible \$** \_\_\_\_\_ **Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Name and Address of Insurance Agent** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**BOAT (Describe)** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Next Renewal Date** \_\_\_\_\_ **Renewal Period** \_\_\_\_\_ **Last Premium Paid \$** \_\_\_\_\_  
**Deductible \$** \_\_\_\_\_ **Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Name and Address of Insurance Agent** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Homeowners or Renters (address?)** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Next Renewal Date** \_\_\_\_\_ **Renewal Period** \_\_\_\_\_ **Last Premium Paid \$** \_\_\_\_\_  
**Deductible \$** \_\_\_\_\_ **Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
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**Phone** \_\_\_\_\_

**Homeowners or Renters (address?)** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Next Renewal Date** \_\_\_\_\_ **Renewal Period** \_\_\_\_\_ **Last Premium Paid \$** \_\_\_\_\_  
**Deductible \$** \_\_\_\_\_ **Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Name and Address of Insurance Agent** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Personal Liability: Coverage Amount \$** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Next Renewal Date** \_\_\_\_\_ **Renewal Period** \_\_\_\_\_ **Last Premium Paid \$** \_\_\_\_\_  
**Deductible \$** \_\_\_\_\_ **Name and Address of Insurance Company** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Name and Address of Insurance Agent** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Other:** Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Next Renewal Date \_\_\_\_\_ Renewal Period \_\_\_\_\_ Last Premium Paid \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Name and Address of Insurance Agent \_\_\_\_\_  
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Phone \_\_\_\_\_

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Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
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Name and Address of Insurance Agent \_\_\_\_\_  
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Name and Address of Insurance Agent \_\_\_\_\_  
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Phone \_\_\_\_\_

**Other:** Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Next Renewal Date \_\_\_\_\_ Renewal Period \_\_\_\_\_ Last Premium Paid \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_ Name and Address of Insurance Company \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Name and Address of Insurance Agent \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

**Employee or Union Pension, Profit-Sharing and Deferred Compensation Plans**

Employer's or Union's Name Address and Phone	Type of Plan	Benefits are Payable To Whom	Are there Survivor Benefits	Starting Date for Benefits	Vested Lump Sum	Vested Monthly Income
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

This page was updated on \_\_\_\_\_