

# Insurance Evaluation and Goals

Today's date \_\_\_\_/\_\_\_\_/199\_\_

Review in 6 months on \_\_\_\_/\_\_\_\_/199\_\_

To help you evaluate your current insurance coverage and plan for future needs, complete the forms on the following pages, using your current policies as a source for the information. You may wish to confirm your findings with your agent(s).

## Homeowner's Insurance

Name of insurance agency \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Agent \_\_\_\_\_

Name of company insuring your property \_\_\_\_\_

Date of policy \_\_\_\_\_

Annual premium \_\_\_\_\_

Policy number \_\_\_\_\_

Type of Policy:  HO-1  HO-2  HO-3  home business

HO-4 (renters)  (condominium)  HO-8 (older home)

Estimated replacement value of your home is \$ \_\_\_\_\_

Estimated value of home's contents is \$ \_\_\_\_\_

Building insured for \$ \_\_\_\_\_

Contents insured for \$ \_\_\_\_\_

Is your home insured for at least 80 percent of its replacement cost?  yes  no

What is the deductible amount you must pay? \$ \_\_\_\_\_

What is the amount of liability protection? \$ \_\_\_\_\_

Medical coverage per person is \$ \_\_\_\_\_

Check the type of insurance, amount of coverage, and special riders or floaters.

<b>Yes</b>	<b>Amount</b>	<b>Cost/Year</b>
<input type="checkbox"/> full replacement value	\$ _____	\$ _____
<input type="checkbox"/> actual cash value	\$ _____	\$ _____
<input type="checkbox"/> flood damage	\$ _____	\$ _____
<input type="checkbox"/> earthquake damage	\$ _____	\$ _____
<input type="checkbox"/> loss of use limits	\$ _____	\$ _____
<input type="checkbox"/> credit card protection	\$ _____	\$ _____
<input type="checkbox"/> sewer backup	\$ _____	\$ _____
<input type="checkbox"/> other riders	\$ _____	\$ _____

What are your insured dollar limits, by category, on the following:

- money, gold, silver, coins, bank notes, medals \$ \_\_\_\_\_
- securities, deeds, manuscripts, stamps, valuable financial papers \$ \_\_\_\_\_
- watercraft and their trailers, furnishings, equipment,  
and outboard motors \$ \_\_\_\_\_
- trailers not used with watercraft \$ \_\_\_\_\_
- jewelry, precious and semiprecious stones, watches, and furs \$ \_\_\_\_\_
- silverware, silverplate, goldware, goldplated ware, pewterware \$ \_\_\_\_\_
- guns and firearms \$ \_\_\_\_\_
- computers, special stereo equipment \$ \_\_\_\_\_

**Disability Insurance**

I have disability insurance  through my employer  purchased by me.

Name of company that insures me \_\_\_\_\_

Yearly premium \$ \_\_\_\_\_ Agent \_\_\_\_\_ Telephone \_\_\_\_\_

Amount I would receive per month if unable to work \$ \_\_\_\_\_

Length of time I must wait before receiving benefits \_\_\_\_\_

Can the policy be renewed?  yes  no Can it be cancelled?  yes  no

How is disability defined and what does it include? \_\_\_\_\_

\_\_\_\_\_

How long can I receive benefits? \_\_\_\_\_

## **Automobile Insurance**

Name of insurance agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address of agency \_\_\_\_\_ Agent \_\_\_\_\_

Name of company insuring your vehicles \_\_\_\_\_ Policy number \_\_\_\_\_

What are your liability limits? (written 20/40/15) \_\_\_\_\_

Each person in the accident \$ \_\_\_\_\_; total bodily injury per accident \$ \_\_\_\_\_

Total property damage per accident \$ \_\_\_\_\_

What is your uninsured motorist coverage? (written 20/40)

Each person per accident \$ \_\_\_\_\_; total bodily injury per accident \$ \_\_\_\_\_

What is your comprehensive coverage limit? \$ \_\_\_\_\_ Your deductible? \$ \_\_\_\_\_

What is your collision limit? \$ \_\_\_\_\_ What is your deductible? \$ \_\_\_\_\_

Does your policy cover a rental car  when on vacation?  due to an accident?

## **Life Insurance**

I have the following term life insurance  from my employer  purchased on my own:

Individual term \$ \_\_\_\_\_ (amount) from \_\_\_\_\_ (company)

Group term \$ \_\_\_\_\_ (amount) from \_\_\_\_\_ (company)

Other \$ \_\_\_\_\_ (amount) from \_\_\_\_\_ (company)

I have the following cash value life insurance: (whole life, variable life, etc.)

Agency purchased from \_\_\_\_\_ Company insuring me \_\_\_\_\_

Type of insurance \_\_\_\_\_ Policy number \_\_\_\_\_

Amount \$ \_\_\_\_\_. The current cash value of all my life insurance as of today, \_\_\_\_/\_\_\_\_/199\_\_\_\_,

is \$ \_\_\_\_\_. The total amount of life insurance, listing me as a beneficiary, from my spouse or my companion is \$ \_\_\_\_\_.

## **Health Insurance**

My health insurance is provided  through my employer  by me  by spouse

Monthly or yearly premium is \$ \_\_\_\_\_; the amount of co-payment for each is \$ \_\_\_\_\_ office visits; \$ \_\_\_\_\_ prescription drugs; and/or a \$ \_\_\_\_\_ annual deductible.

The policy  can  can not be cancelled. It contains  vision,  dental coverage.

The policy contains a stop-loss limit of \$ \_\_\_\_\_ and a lifetime limit of \$ \_\_\_\_\_.

**Insurance Evaluation and Goals—To Do List**

In order to be fully aware of the insurance coverage that I have and to ensure adequate coverage at the most reasonable cost, I should (check all that apply):

- prepare an inventory and take photographs or make a video of personal property.
- add smoke alarm(s), radon detector(s), and fire extinguisher(s) to my home.
- increase/decrease amount of dwelling cost coverage to at least 80 percent of replacement value.
- increase/decrease the deductible on the homeowner’s policy.
- increase/decrease coverage of personal property on homeowner’s policy.
- add a rider to my homeowner’s policy to cover special items.
- insure my home/apartment and automobile(s) with the same company.
- increase the deductible on my automobile policy for comprehensive and collision.
- increase/decrease medical coverage on automobile policy.
- increase/decrease liability coverage on automobile policy.
- increase/decrease collision coverage on automobile(s).
- increase/decrease comprehensive coverage for automobile(s).
- increase/decrease uninsured/underinsured motorist coverage.
- investigate term life insurance.
- increase/decrease the amount of life insurance on my life and that of my spouse/companion.
- review life insurance beneficiary designations to make sure they reflect my current situation.
- investigate costs and coverage for disability insurance.
- investigate the following changes in health insurance coverage:

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investigate cost and advantages of an umbrella policy

other:

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