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| INSURANCE FORM*This is a Microsoft Word document to be filled out on your computer. Do not print and fill out by hand. Various tables will have to be expanded to accommodate your additional information. After you and your spouse have completed this form, please email it to Karen@ContourFinancial.com.* |
| Client Name: | Spouse Name: | Date:/ |

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| **POINTS TO CONSIDER REGARDING INSURANCE***For areas of concern or interest, place an “X” in the adjacent box* |
|  | *General –* Has there been any discussion with insurance agents to determine whether increasing deductibles will provide a significant saving in premiums? |
|  | *General –* What are the advantages of using an independent insurance broker? If needed Contour Financial can supply a referral. |
|  | *Auto –* If a parent of a teenage driver: When is he/she added to the insurance policy? Will attendance at a distant university affect rates? Has the good student discount been applied?  |
|  | *Auto –* Should rental car insurance be purchased or does the current auto policy cover all losses if there is an accident?  |
|  | *Business –* If a business owner, have policies been put into place should death or disability occur? Is there a need for business interruption insurance? |
|  | *Business-*If an employee or client is injured while transacting business at your home, will the homeowner policy cover any claims? If inventory is stolen from the car, will the personal auto policy reimburse any loss? |
|  | *Disability –* As disability before age 65 is more probable than an early death, are disability policies in place? Are the premiums paid with before or after-tax dollars? Is the policy for any or own occupation? |
|  | *Homeowners* – Are discounts presently received for a fire alarm, new construction, security (burglar alarm), proximity to fire hydrant and fire station?  |
|  | *Homeowners* – If there is a mortgage on the property, does it have a *Mortgage Life Insurance* provision (not to be confused with *Private Mortgage Insurance – PMI)* that pays off at death? How does this coverage compare with a regular term/life insurance policy?  |
|  | *Homeowners –* Is coverage provided for the following?1. There is a flood, and water comes into the newly finished basement.
2. There is an earthquake which causes damage to the foundation.
3. An expensive piece of jewelry is misplaced.
4. A theft results in the loss of valuable coins and artwork.
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|  | *Rental –* Does agent realize that a property is now being rented? Having rental income generally voids any standing homeowners insurance, and a Dwelling Fire policy needs to be in place.  |
|  | *Vacant Property –* For example, a child hurt playing on an empty lot could result in personal liability.  |

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| **POINTS TO CONSIDER REGARDING INSURANCE *(cont’d)*** |
|  | *Life –* Is 10 times income a good benchmark for calculating needed coverage? |
|  | *Life –* Should both spouses have the same dollar amount? Is there sufficient coverage to fund a caregiver if young children are at home? |
|  | *Life –* When is permanent life insurance more appropriate than term?  |
|  | *Life –* If estate tax is a concern, should an irrevocable life insurance trust be established? |
|  | *Long Term Care –*Is it appropriate for everyone? When is the best time to purchase this insurance? Given the contraction in this market, what should be considered when shopping for a policy? |
|  | *Medical –* If planning to retire before age 65 (or married to a younger spouse dependent on this insurance), how will the added burden of premiums affect this goal? Will COBRA be available? |
|  | *Medical –*If approaching age 65 what steps are necessary with Medicare? |
|  | *Non-Auto Vehicles –* Are ATVs, boats and snowmobiles covered through the auto policy? |
|  | *Umbrella –* What is this policy and for whom is it appropriate?  |
| *Additional Points or Comments:* |

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| **CONSOLIDATE THE FOLLOWING DOCUMENTS***Either send us the most recent insurance statements, or fill out the tables that follow* |
| Accumulate all personally paid policies:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Home |  | Condominium |  | Rental |  | Vehicle |  | Umbrella |  | Liability |
|  | Medical |  | Life |  | Disability |  | LTC |  | Annuities |  |  |

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| Accumulate all employer paid policies:

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Medical |  | Life |  | Disability |  | LTC |  | Director |  | Error & Omission |

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| **MEETING WITH THE INSURANCE AGENT** |
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When was the last meeting with the insurance agent to update coverage (mm/yyyy)? |

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| **MAJOR MEDICAL INSURANCE***(For additional rows, place cursor outside right side of table row and hit “enter”.)*  |
| **Person Insured** | **Insurance Company** | **Type**1 | **Monthly Premium**2 | **Yearly Deductible**3 | **Max Yearly Expense**4 | **Maximum Lifetime Cap**5 |
|  |  |  | $ | $ | $ | $ |
| 1Enter Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Point of Service (POS), or Indemnity type policy.2Enter $0 if policy is being paid for by the employer.3Amount insured must pay each year before insurance coverage begins4The maximum amount of medical costs that the insured will pay out per year5The maximum amount of medical costs that the life insurance company will pay over the insured’s lifetime |

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| **LIFE INSURANCE***(For additional rows, place cursor outside right side of table row and hit “enter”.)*  |
| **Person Insured** | **Insurance Company** | **Type**1 | **Policy Owner** | **Policy Beneficiary** | **Face Value**2 | **Surrender Value**3 |
|  |  |  |  |  | $ | $ |
| 1Enter whole life, variable life, universal life, or term.2If owner passes, the dollar amount the beneficiary will receive.3If owner liquidates the policy, the dollar amount the owner will receive today. |

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| **NON-SOCIAL SECURITY (SSDI) DISABILITY INSURANCE***(For additional rows, place cursor outside right side of table row and hit “enter”.)*  |
| **Person Insured** | **Insurance Company** | **Own or** **Any**1 | **Monthly Premium**2 | **Waiting Period**3 | **Inflation Adjusted**4 | **Monthly Benefit**5 | **Covered to Age**6 |
|  |  |  | $ |  |  | $ | % |  |
| *1* Own occupation refers to disability benefits that are triggered if the insured is unable to work in his/her own current field of employment. Any occupation is defined as not being able to work in any occupational field.2This will be $0 if policy is being paid for by the employer.3How long does one have to wait from onset of disability before payment stream commences?4Will the payment stream increase every year for inflation (cost of living adjustment-COLA), or remain fixed?5The pre-tax monthly benefit may either be a fixed dollar amount or a percentage of current salary.6At what age does the benefit cease? |

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| **LONG-TERM CARE (LTC) INSURANCE***(For additional rows, place cursor outside right side of table row and hit “enter”.)*  |
| **Person Insured** | **Insurance Company** | **Scope of Benefits**1 | **Monthly Premium**2 | **Waiting Period**3 | **Inflation****Adjusted**4 | **Daily Benefit**5 | **Benefit Period**6 |
|  |  |  | $ |  |  | $ |  |
| 1For example, home care, adult day care, assisted living, or respite care.2Enter $0 if policy is being paid for by the employer.3How long does the insured need to wait from the need for care, before payment stream commences?4Will the payment stream increase every year for inflation (cost of living adjustment-COLA), or remain fixed?5Enter the dollar amount that the policy will pay daily.6The number of years of care that the plan will cover. This may also be a life-time policy. |

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| **ANNUITIES***(For additional rows, place cursor outside right side of table row and hit “enter”.)* |
| **Beneficiary** | **Insurance Company** | **Type1** | **Monthly Benefit2** | **Annuity Value3** | **Fixed or COLA4** | **Term5** | **Owner Dies6** |
|  |  |  | $ | $ |  |  |  |
| 1Examples include fixed period, straight life, term certain & joint life. Also, is annuity fixed or variable?2The pre-tax monthly benefit3If the monthly payment stream has not begun, what is the current value of the annuity?4Will the payment stream increase every year for inflation (cost of living adjustment-COLA), or remain fixed?5How long will the payment stream last? A fixed number of years or life?6How will the surviving spouse’s monthly payment be affected at the death of the account holder? If payment is not reduced enter 100%, if eliminated enter 0%, or if reduced enter the appropriate percentage. |

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| **ADDITIONAL POLICIES***List in blank rows any additional coverage (e.g. – homeowners, auto, renters, condominium, umbrella, errors & omissions, etc.) (For additional rows, place cursor outside right side of table row and hit “enter”.)*  |
| **Insurance Type**  | **Insurance Company** | **Monthly Premium** | **Deductible** | **Policy Limits** |
|  |  | $ | $ | $ |

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| **LOAN/MORTGAGE PAYOFF***(For additional rows, place cursor outside right side of table row and hit “enter”.)*  |
| **Loan/Mortgage** **Description**1 | **Mortality Payoff?**1 |
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| 1List loans that have a mortality payoff clause. For mortgages this is known as *Mortgage Life Insurance*. |