



## Insurance Policy Data Review

*Prepared for: Name of Client*

***Provided by:***

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# Insurance Policy Information

Please review the following for accuracy and add any coverage not listed:

## Life Insurance

Insurance Company	Death Benefit	Cash Value or if Term Life leave blank	Beneficiary
<b>Yours:</b>			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
<b>Total</b>	\$ _____	\$ _____	

<b>Your Spouse's:</b>			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
<b>Total</b>	\$ _____	\$ _____	

Your Children's:		Insurance Company	Name of Insured	Death Benefit	Cash Value
		_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____
			<b>Total</b>	\$ _____	\$ _____

## Disability Insurance

		Company	Income	Duration
Short-Term	(Self)	_____	\$ _____ /mo.	_____ months
	(Spouse)	_____	\$ _____ /mo.	_____ months
Long-Term	(Self)	_____	\$ _____ /mo.	_____ years
	(Spouse)	_____	\$ _____ /mo.	_____ years

## Medical Insurance

Health	Company	Company	Income	Duration
		_____		Employer-Provided? _____
Long-Term	(Self)	_____	\$ _____ /mo.	_____ months
Care	(Spouse)	_____	\$ _____ /mo.	_____ months

## Life Insurance Policy Details

**Policy Number:** \_\_\_\_\_

Policy Type: \_\_\_\_\_

Additional Provisions (Riders): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Policyowner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: (Primary) \_\_\_\_\_ (Contingent) \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Payment Mode: \_\_\_\_\_

Guaranteed Cash Value: \$ \_\_\_\_\_

Outstanding Loan (if any): \$ \_\_\_\_\_ Interest Rate on Loan: \_\_\_\_\_ %

Current Dividend (if any): \$ \_\_\_\_\_ How Dividend Applied: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_

Net Death Benefit with Loan (if any): \$ \_\_\_\_\_

Options (if any):

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Policy Type: \_\_\_\_\_

Additional Provisions (Riders): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Policyowner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: (Primary) \_\_\_\_\_ (Contingent) \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Payment Mode: \_\_\_\_\_

Guaranteed Cash Value: \$ \_\_\_\_\_

Outstanding Loan (if any): \$ \_\_\_\_\_ Interest Rate on Loan: \_\_\_\_\_ %

Current Dividend (if any): \$ \_\_\_\_\_ How Dividend Applied: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_

Net Death Benefit with Loan (if any): \$ \_\_\_\_\_

Options (if any):

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_