

**INSURANCE, OTHER THAN LIFE**  
(see section introduction for common types of insurance)

Date \_\_\_\_\_

Type of insurance \_\_\_\_\_  
Policy covers who/what \_\_\_\_\_ ID # \_\_\_\_\_  
Owner of insurance \_\_\_\_\_  
Death benefit? \_\_\_\_\_ Amount \_\_\_\_\_ Paying premiums? \_\_\_\_\_  
Beneficiary(ies), if any \_\_\_\_\_  
Insurance company \_\_\_\_\_  
Policy # \_\_\_\_\_ Policy period \_\_\_\_\_  
Agent/contact \_\_\_\_\_ Phone \_\_\_\_\_  
Location of policy \_\_\_\_\_

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