This public service brought to you by: AMERICAN COUNCIL OF LIFE INSURERS 101 CONSTITUTION AVE., NW, WASHINGTON DC 20001 www.acli.com



My Insurance Log

Address: Email: Phone:

Person (5):

PERSONAL INFORMATION NAME Name: Address (1): Address (2): Address (3): Email: Phone (h): Phone (m): Phone (b): Social Security No.: Date of Birth: Place of Birth: Location of Birth Certificate: **FAMILY AND RELATIONSHIPS** Name: Relationship: Address: Email: Phone: Person (1): Relationship: Address: Email: Phone: Person (2): Relationship: Address: Email: Phone: Person (3): Relationship: Address: Email: Phone: Person (4): Relationship:

Relationship:			
Address:			
Email:			
Phone:			
Person (6):			
Relationship:			
Address:			
Email:			
Phone:			
Person (7):			
Relationship:			
Address:			
Email:			
Phone:			
Person (8):			
Relationship: Address:			
Email:			
Phone:			
Person (9):			
Relationship:			
Address:			
Email:			
Phone:			
Person (10):			
Person (10): Relationship:			
Relationship:			
Relationship: Address:			
Relationship: Address: Email: Phone:			
Relationship: Address: Email:			
Relationship: Address: Email: Phone: EMPLOYERS			
Relationship: Address: Email: Phone: EMPLOYERS Employer:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1):			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1): Status:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1): Status: Address:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1): Status: Address: Website:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1): Status: Address: Website: Contact: Contact: Contact: Contact: Contact: Contact: Contact: Contact:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1): Status: Address: Website: Contact: Email: Phone:			
Relationship: Address: Email: Phone: EMPLOYERS Employer: Status: Address: Website: Contact: Email: Phone: Employer (1): Status: Address: Website: Contact: Email: Employer (1): Status: Address:			

Website:	
Contact:	
Email:	
Phone:	
Employer (3): Status:	
Address:	
Website:	
Contact:	
Email:	
Phone:	
Employer (4):	
Status:	
Address:	
Website:	
Contact:	
Email:	
Phone:	
IMPORTANT CONTACTS	
Name:	
Relationship:	
Address:	
Email:	
Phone:	
Name: (1):	
Relationship:	
Address:	
Email:	
Phone:	
Name: (2):	
Relationship:	
Address:	
Email:	
Phone:	
Name: (3):	
Relationship:	
Address:	
Email:	
Phone:	
Name: (4):	
Relationship:	
Address:	
Email:	
Phone:	
Name. (2).	
Name: (5): Relationship:	
Relationship: Address:	

Email:
Phone:
Name: (6):
Relationship:
Address:
Email:
Phone:
Name: (7):
Relationship:
Address:
Email:
Phone:
Name: (8):
Relationship:
Address:
Email:
Phone:
Name: (9):
Relationship:
Address:
Email:
Phone:
Name: (10):
Relationship:
Address:
Email:
Phone:
WOUDANGE
INSURANCE
LIFE INSURANCE
Insurance Company:
Website:
Policy Number: Location of Paper Copy of Policy:
Name of Insurance Professional:
Email of Insurance Professional:
Phone No. of Insurance Professional:
Insurance Company (1): Website:
Policy Number:
Location of Paper Copy of Policy:
Name of Insurance Professional:
Email of Insurance Professional:
Phone No. of Insurance Professional:
Insurance Company (2):
Website:
Policy Number:

Location of Paper Copy of Policy:
Name of Insurance Professional:
Email of Insurance Professional:
Phone No. of Insurance Professional:
Insurance Company (3):
Website:
Policy Number:
Location of Paper Copy of Policy:
Name of Insurance Professional:
Email of Insurance Professional:
Phone No. of Insurance Professional:
Insurance Company (4):
Website:
Policy Number:
Location of Paper Copy of Policy:
Name of Insurance Professional:
Email of Insurance Professional:
Phone No. of Insurance Professional:
Insurance Company (5):
Website:
Policy Number:
Location of Paper Copy of Policy:
Name of Insurance Professional:
Email of Insurance Professional:
Phone No. of Insurance Professional:
Phone No. of Insurance Professional: LONG-TERM CARE
LONG-TERM CARE
LONG-TERM CARE Insurance Company:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy:
LONG-TERM CARE Insurance Company: Website: Policy Number:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Email of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Insurance Company (2):
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Insurance Company (2): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Insurance Company (2): Website:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Insurance Company (2): Website: Policy Number: Insurance Professional: Insurance Professional: Phone No. of Insurance Professional: Insurance Company (2): Website: Policy Number:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Email of Insurance Professional: Insurance Company (2): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Insurance Company (2): Website: Policy Number: Location of Paper Copy of Policy:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Insurance Company (2): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional:
LONG-TERM CARE Insurance Company: Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (1): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Email of Insurance Professional: Insurance Company (2): Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Insurance Company (2): Website: Policy Number: Location of Paper Copy of Policy:

Insurance Company (3): Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: Insurance Company (4): Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: **DISABILITY INCOME** Insurance Company: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: **Insurance Company (1):** Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: **Insurance Company (2):** Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional: **Insurance Company (3):** Website: Policy Number: Location of Paper Copy of Policy: Name of Insurance Professional: Email of Insurance Professional: Phone No. of Insurance Professional:

Insurance Company (4):

Website

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

RETIREMENT

INDIVIDUAL ANNUITY

Insurance Company:

Website

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

Insurance Company (1):

Website:

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

Insurance Company (2):

Website

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

Insurance Company (3):

Website

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

Insurance Company (4):

Website

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

Insurance Company (5):

Website:

Policy Number:

Location of Paper Copy of Policy:

Name of Insurance Professional:

Email of Insurance Professional:

Phone No. of Insurance Professional:

RETIREMENT PLANS
Employer Name:
Employer Website:
Employer Contact:
Phone:
Plan Type:
Plan Provider:
Employer Name (1):
Employer Website:
Employer Contact:
Phone:
Plan Type:
Plan Provider:
Employer Name (2):
Employer Website:
Employer Contact:
Phone:
Plan Type:
Plan Provider:
Employer Name (3):
Employer Website:
Employer Contact:
Phone:
Plan Type:
Plan Provider:
Employer Name (4):
Employer Website:
Employer Contact:
Phone:
Plan Type:
Plan Provider:
IRAs Name of Custodian:
Website:
Phone: Contact:
Plan Type: Account Number:
Name of Custodian (1):
Website:
Phone:
Contact:
Plan Type:
Account Number:
Name of Custodian (2):
Website:

Phone:

Contact:	
Plan Type:	
Account Number:	
Name of Custodian (3):	
Website:	
Phone:	
Contact:	
Plan Type:	
Account Number:	
Name of Custodian (4):	
Website:	
Phone:	
Contact:	
Plan Type:	
Account Number:	
Name of Custodian (5): Website:	
Phone:	
Contact:	
Plan Type:	
Account Number:	
Account Number.	
OTHER INFORMATION	
	-
MEDICAL INSURANCE	
MEDICAL INSURANCE Company:	
Company:	
Company: Website:	
Company: Website: Phone:	
Company: Website: Phone: Policy Number:	
Company: Website: Phone: Policy Number: Group Number:	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician:	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1):	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Phone Number of Physician:	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Phone Number of Physician: Physician (1): Physician (2):	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Physician (2): Phone Number of Physician:	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company:	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website:	_
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone:	_
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone: Policy Number:	_
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone:	_
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone: Policy Number: Address of Property Insured: Company (1):	
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone: Policy Number: Address of Property Insured: Company (1): Website:	_
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone: Company (1): Website: Phone: Phone:	_
Company: Website: Phone: Policy Number: Group Number: Name of Physician: Phone Number of Physician: Physician (1): Phone Number of Physician: Physician (2): Phone Number of Physician: HOME-OWNERS INSURANCE Company: Website: Phone: Policy Number: Address of Property Insured: Company (1): Website:	_

Company (2):

147 L 9		
Website:		
Phone:		
Policy Number: Address of Property Insured:		
AUTO INSURANCE		
Company:		
Website:		
Phone:		
Policy Number:		
Vehicle Insured:		
Company (1):		
Website:		
Phone:		
Policy Number:		
Vehicle Insured:		
Company (2):		
Website:		
Phone:		
Policy Number:		
Vehicle Insured:		
ONLINE ACCOUNTS		
Website:		
Account:		
User ID:		
Password:		
Website (1):		
Account:		
User ID:		
Password:		
Website (2):		
Account:		
User ID:		
Password:		
Website (3):		
Account:		
User ID:		
Password:		
Website (4):		
Account:		
User ID:		
Password:		
Website (5):		
Account:		
User ID:		
Password:		

NI	\sim	Ŧ	_	c

Notes:

Additional Notes: