
My Insurance Log

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:

Address:

Email:

Phone:

Person (5):

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):

Relationship:

Address:

Email:

Phone:

EMPLOYERS

Employer:

Status:

Address:

Website:

Contact:

Email:

Phone:

Employer (1):

Status:

Address:

Website:

Contact:

Email:

Phone:

Employer (2):

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: (5):

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:

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:

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:

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:

DISABILITY INCOME

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:

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:

OTHER INFORMATION

MEDICAL 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:

Website:

Phone:

Policy Number:

Address of Property Insured:

Company (1):

Website:

Phone:

Policy Number:

Address of Property Insured:

Company (2):

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:

NOTES

Notes:

