

HEALTH & HOSPITAL INSURANCE

1. Company _____ Local Agent _____ Phone _____
 Type of Policy _____ Policy No. _____ Premium _____ Dates due _____
 If membership in specific organization is required, list name _____
 Name _____ Amt. dues _____ Date for dues _____
2. Company _____ Local Agent _____ Phone _____
 Type of Policy _____ Policy No. _____ Premium _____ Dates due _____
 If membership in specific organization is required, list name _____
 Name _____ Amt. dues _____ Date for dues _____

ACCIDENT INSURANCE

1. Company _____ Local Agent _____ Phone _____
 Policy No. _____ Premium _____ Date/Dates due _____
2. Company _____ Local Agent _____ Phone _____
 Policy No. _____ Premium _____ Date/Dates due _____

IMPORTANT INFORMATION

<u>Name</u>	<u>Address</u>	<u>Account No.</u>
BANK _____	_____	_____
SAVINGS & LOAN _____	_____	_____
CREDIT _____	_____	_____
MONEY MARKET _____	_____	_____
SAFE DEPOSIT BOX: Location _____	_____	Key No. _____
Other signatures on card _____	Location of key _____	_____

I OWN THE FOLLOWING REAL ESTATE:

1. Description _____ Location _____ Mortgage _____
 Where deed is recorded _____ Book & Page _____
2. Description _____ Location _____ Mortgage _____
 Where deed is recorded _____ Book & Page _____

THE FOLLOWING DEBTS ARE OWED TO ME:

	<u>By Whom</u>	<u>Amount</u>	<u>Co-signer</u>	<u>Date Due</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

I OWE THE FOLLOWING DEBTS:

	<u>To Whom</u>	<u>Amount</u>	<u>When Payable</u>
1.	_____	_____	_____
2.	_____	_____	_____

I OWN THE FOLLOWING STOCKS, BONDS & OTHER INVESTMENTS:

MY BROKER _____ Address _____ Phone _____

HOME OWNERS POLICY with _____ Policy No. _____

PERSONAL PROPERTY POLICY with _____ Policy No. _____