



# SUMMIT WEALTH MANAGEMENT

Registered Investment Advisor

## Insurance Review Fact-Finder

Name \_\_\_\_\_

### Auto Insurance

- Please enclose current declarations pages on all of your automobile insurance

(Note: I don't need the ACTUAL policies for property insurance, just the declarations pages showing the summary of coverages and premiums)

Comments of special interest to you regarding this insurance for our review:

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### Property Insurance

- All personal property insurance, including homeowner (contents liability), Personal Articles floater (jewelry, etc.), umbrella policy and boat policy.

(Note: I don't need the ACTUAL policies for property insurance, just the declarations pages showing the summary of coverages and premiums)

Comments of special interest to you regarding this insurance for our review:

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## Life Insurance

- Please enclose current statements AND actual policies (if you have them) for all of your life insurance. We need your current beneficiary.

If we have omitted any policies, please list them in the space below.

Insurance Company	Insured	Policy Owner	Beneficiary	Death Benefit	Annual Premium	Current Cash Value

Comments of special interest to you regarding this insurance for our review:  
Please provide evidence of group/employee insurance and current beneficiary designation.

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## Long Term Care Insurance

- Please enclose current statements AND actual policies (if you have them) for all of your long term care insurance.

If we have omitted any policies, please list them in the space below.

Insurance Company	Insured	Owner	Daily Benefit	Annual Premium	Elimination Days	Benefit years (COLA Y/N)

Comments of special interest to you regarding this insurance for our review:

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## Short-Term and Long-Term Disability Insurance

- Please enclose current statements AND actual policies (if you have them) for all of your disability income insurance.

If we have omitted any policies, please list them in the space below.

Insurance Company	Insured	Type	Monthly Benefit	Annual Premium	Elimination Months	Benefit years (COLA Y/N)

Comments of special interest to you regarding this insurance for our review:

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