



## YOUR VIRTUAL SHOEBOX GUIDE: Keeping track of your personal and household financial documents

The purpose of this interactive tool is to help you to keep track of your important personal and family documents – everything from insurance policies, bank accounts, investments and mortgages to health records and will and estate information.

### Introduction

So many of us have a “file it and forget it” mentality. Some of us have even been known to stuff bills, receipts and similarly important pieces of paper into a filing cabinet or even a shoebox until tax time. We should be grateful for this annual clear-out because there is not enough storage in the world for all of us if we were to go on keeping valuable information like this forever.

But tax time is not the only critical period in our lives. There are many others. A spouse or companion dies. You get separated or divorced. Or even if you never married and have always been independent, you could become physically or mentally infirm. Who gets custody of your various documents and pieces of paper?

Someone else has to step in and sort it all out. In a crisis, we all learn to cope and somehow we survive. We hope that this handy inventory helps you take account of all your important documents. You can either complete the list on-line and save an electronic copy to an appropriate folder, or print it out and keep it in a safe place.

**You must store this document in a safe place.** Lost or stolen information may allow for identity theft or financial theft. If the document becomes lost or stolen you must take immediate steps to protect yourself by advising relevant authorities including your bank, credit card company and insurer.



## Consumer Information

### Consumer Protection

Assuris protects Canadian policyholders in the event that their life insurance company should fail. For more information contact the Assuris Information Centre at 1-866-878-1225 toll free, or see the Assuris website at [www.assuris.ca](http://www.assuris.ca).

### Consumer Assistance

Consumers with questions or complaints about their life and health insurance company or insurance coverage can call the OmbudService for Life and Health Insurance (OLHI) for bilingual information and assistance. The OLHI is an independent service that provides free information on, and assistance with complaints about, life and health insurance products and services.

Call the OLHI from anywhere in Canada: 1-800-268-8099 and in Toronto: 416-777-2344

Website: [www.olhi.ca](http://www.olhi.ca)

Pour l'obtenir de l'aide en français, téléphonez sans frais, de n'importe où au Canada, au 1-800-361-8071 (de Montréal, au 514-845-6173).

This interactive tool was developed by the Canadian Life and Health Insurance Association Inc. (CLHIA), whose member companies account for 99 per cent of the life and health insurance business in Canada. The industry provides a wide range of financial security products such as life insurance, annuities (including RRSPs, RRIFs and pensions), disability income protection and supplementary health insurance to about 26 million Canadians.

\*Canadian Life and Health Insurance Association, Inc. 2011



## INVENTORY OF PERSONAL AND HOUSEHOLD FINANCIAL INFORMATION

<b>FAMILY INFORMATION</b>	<b>Me</b>	<b>Spouse/Other</b>
Name on Birth Certificate		
Birth Certificate #		
Location of Birth Certificate		
<b>DEPENDENTS</b>		
<b>Name of Child</b>	<b>Birth Certificate #</b>	<b>Location of Birth Certificate</b>
<b>PERSONAL DATA</b>	<b>Me</b>	<b>Spouse/Other</b>
Social Insurance #		
Name on SIN Card		
Location of SIN Card		
Driver's Licence #		
Name on Licence		
Location of Driver's Licence		
Health Card #		
Name on Health Card		
Location of Health Card		
Passport #		
Name on Passport		
Location of Passport		
Name of Lawyer/Law Firm		
Phone #		
Lawyer's Email Address		
Name of Accountant		
Phone #		
Accountant's Email Address		
Combination to home Safe/Safety Deposit box and location of key (if applicable)		
List of documents held in Safe/Safety Deposit box		



<b>COMPUTER/INTERNET ACCOUNTS</b>			
Fill in the spaces provided or, if you prefer, provide the location of a hardcopy list of passwords			<b>Me</b>
Computer password		Laptop Password	
Internet Service Provider (e.g. Rogers, Sympatico)		Account Name	
Other security information		Location of password hardcopy list	
Email Address		Email Password	
Social Media (e.g. Facebook, Twitter)	UserID	Social Media (e.g. Facebook, Twitter)	UserID
	Password		Password

<b>COMPUTER/INTERNET ACCOUNTS</b>			
Fill in the spaces provided or, if you prefer, provide the location of a hardcopy list of passwords			<b>Spouse/Other</b>
Computer password		Laptop Password	
Internet Service Provider (e.g.: Rogers, Sympatico)		Account Name	
Other security information		Location of password hardcopy list	
Email Address		Email Password	
Social Media (e.g. Facebook, Twitter)	UserID	Social Media (e.g. Facebook, Twitter)	UserID
	Password		Password

<b>PERSONAL HOUSEHOLD ACCOUNTS</b>			
<b>Home Phone Provider</b>		<b>Name on Account</b>	
Account #		Phone #	
<b>Cable Provider</b>		<b>Name on Account</b>	
Account #		Phone #	
<b>Hydro Provider</b>		<b>Name on Account</b>	
Account #		Phone #	
<b>Gas Provider</b>		<b>Name on Account</b>	
Account #		Phone #	
<b>Water Provider</b>		<b>Name on Account</b>	
Account #		Phone #	
<b>Home Alarm Company</b>		<b>Name on Account</b>	
Account #		Phone #	
Security Code			



### OTHER IMPORTANT PERSONAL DOCUMENTS

(Indicate location i.e., where they are stored)

Adoption Papers		
Prenuptial Agreement		
Marriage Certificate		
Separation Agreement		
Divorce Papers		
Custody Papers		
	<b>Me</b>	<b>Spouse/Other</b>
Citizenship Papers		
Income Tax Returns		

### WILL AND ESTATE INFORMATION

		<b>Me</b>	
Location of Last Will and Testament (Hardcopy)		Date of Will:	
Contact Name (if different than Lawyer)		Phone #	
Lawyer's Name/Law Office		Phone #	
Power of Attorney		Phone #	
Location of Power of Attorney document		Location of Living Will (if applicable)	
		<b>Spouse/Other:</b>	
Location of Last Will and Testament (Hardcopy)		Date of Will:	
Contact Name (if different than Lawyer)		Phone #	
Lawyer's Name/Law Office		Phone #	
Power of Attorney		Phone #	
Location of Power of Attorney document		Location of Living Will (if applicable)	



<b>FUNERAL AND BURIAL INFORMATION</b>			
Prepaid Funeral Arrangements		<b>Me</b>	
Name of Funeral Home		Phone #	
Name of Cemetery/ Mausoleum (if applicable)		Phone #	
Burial Plot or Site #			
Amount Prepaid for Funeral		Amount Prepaid for Internment	
		<b>Spouse/Other</b>	
Name of Funeral Home		Phone #	
Name of Cemetery/ Mausoleum (if applicable)		Phone #	
Burial Plot or Site #			
Amount Prepaid for Funeral		Amount Prepaid for Internment	

## REAL ESTATE INFORMATION

<b>PRINCIPAL RESIDENCE</b>			
Street Number and Name			
City		Province	Postal Code
<b>Full name(s) on title</b>			
<b>1</b>		<b>2</b>	
<b>3</b>		<b>4</b>	
<b>MORTGAGE INFORMATION</b>			
Name of Financial Institution		Name of Broker	
Phone #		Broker's email	
Effective date of mortgage		End Date of Mortgage	
Location of deed (with the deed are copies of the mortgage, surveys, property, insurance policies, property tax receipts and leases)			
<b>Mortgage (Creditor) Insurance</b>			
Name of Insurer		Policy #	
Phone #		Email Address	



<b>SUMMER OR SECOND RESIDENCE</b>			
Street Number and Name		City	Province
Postal Code			
<b>Full name(s) on title</b>			
1		2	
3		4	
<b>MORTGAGE INFORMATION</b>			
Name of Financial Institution		Name of Broker	
Phone #		Broker's email	
Effective date of mortgage		End Date of Mortgage	
Location of deed (with the deed are copies of the mortgage, surveys, property, insurance policies, property tax receipts and leases)			
<b>Mortgage (Creditor) Insurance</b>			
Name of Insurer		Policy #	
Phone #		Email Address	

<b>INVESTMENT/RENTAL/PARTNERSHIP PROPERTY</b>			
Street Number and Name		City	Province
Postal Code			
<b>Full name(s) on title</b>			
1		2	
3		4	
<b>MORTGAGE INFORMATION</b>			
Name of Financial Institution		Name of Broker	
Phone #		Broker's email	
Effective date of mortgage		End Date of Mortgage	
Location of deed (with the deed are copies of the mortgage, surveys, property, insurance policies, property tax receipts and leases)			
<b>Mortgage (Creditor) Insurance</b>			
Name of Insurer		Policy #	
Phone #		Email Address	



## BANKING AND CREDIT INFORMATION

			Me
Name of Financial Institution	1	2	3
Type of Account and Account #			
Branch # and Transit #			
Branch Phone #			
Access Card #			
Access Card PIN			
Bank Website Address			
On-Line Banking UserID			
On-Line Banking Password			
			Spouse/Other
Name of Financial Institution	1	2	3
Type of Account and Account #			
Branch # and Transit #			
Branch Phone #			
Access Card #			
Access Card PIN			
Bank Website Address			
On-Line Banking UserID			
On-Line Banking Password			



### LOANS AND LINES OF CREDIT

				Me
Name of Financial Institution	1	2	3	4
Branch Phone #				
Type of Loan				
Account/Reference #				
Loan Start Date				
Loan End Date				
Total Amount Borrowed				
Bank Website Address				
On-Line Banking UserID				
On-Line Banking Password				
				Spouse/Other
Name of Financial Institution	1	2	3	4
Branch Phone #				
Type of Loan				
Branch Phone #				
Access Card #				
Access Card PIN				
Bank Website Address				
On-Line Banking UserID				
On-Line Banking Password				



### CREDIT CARD/REWARDS CARD INFORMATION

#### CREDIT CARD INFORMATION

Indicate type of card: i.e. VISA, Master Card, AMEX, Petro Can, etc.

Me

Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	



**CREDIT CARD INFORMATION**

Indicate type of card: i.e. VISA, Master Card, AMEX, Petro Can, etc.

**Spouse/Other**

Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	
Type of Card		Financial Institution	
Full Name on Card		Card #	
Expiry Date		Credit Limit	
Online Access (if applicable)	UserID	Password	



**LOYALTY CARD INFORMATION**

Indicate type of card: i.e. AirMiles, PetroPoints, HBC Rewards, Optimum, etc.

Me

Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	



**LOYALTY CARD INFORMATION**

Indicate type of card: i.e. AirMiles, PetroPoints, HBC Rewards, Optimum, etc.

**Spouse/Other**

Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	
Type of Card		Full Name on Card	
Card #		Expiry Date	
Online Access (if applicable)	UserID	Password	



## INVESTMENT INFORMATION

REGISTERED RETIREMENT SAVINGS PLANS (RRSPs)			Me
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
Online Access (if applicable)	UserID	Password	
			<b>Spouse/Other</b>
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
Online Access (if applicable)	UserID	Password	



REGISTERED EDUCATION SAVINGS PLAN (RESP) ACCOUNTS			Me
<b>Name of Financial Institution</b>		<b>Account Registered By</b>	
Phone #		Account #	
Amount		RESP Registrant's Name	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Registered By</b>	
Phone #		Account #	
Amount		RESP Registrant's Name	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Registered By</b>	
Phone #		Account #	
Amount		RESP Registrant's Name	
Online Access (if applicable)	UserID	Password	
			Spouse/Other
<b>Name of Financial Institution</b>		<b>Account Registered By</b>	
Phone #		Account #	
Amount		RESP Registrant's Name	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Registered By</b>	
Phone #		Account #	
Amount		RESP Registrant's Name	
Online Access (if applicable)	UserID	Password	
<b>Name of Financial Institution</b>		<b>Account Registered By</b>	
Phone #		Account #	
Amount		RESP Registrant's Name	
Online Access (if applicable)	UserID	Password	



REGISTERED RETIREMENT INCOME FUND (RRIF) PLANS			Me
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
			<b>Spouse/Other</b>
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Beneficiary	



GUARANTEED INVESTMENT CERTIFICATES (GICs)			Me
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
			<b>Spouse/Other</b>
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of GIC	
Beneficiary		Maturity Date	



<b>BONDS</b>		<b>Me</b>	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of Bond	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of Bond	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of Bond	
Beneficiary		Maturity Date	
		<b>Spouse/Other</b>	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of Bond	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of Bond	
Beneficiary		Maturity Date	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Phone #		Account #	
Amount		Type of Bond	
Beneficiary		Maturity Date	



STOCKS		Me	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
		Spouse/Other	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	



<b>MUTUAL FUNDS</b>			<b>Me</b>
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
			<b>Spouse/Other</b>
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Account #		Amount	



SEGREGATED FUNDS		Me	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
		<b>Spouse/Other</b>	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	
<b>Name of Financial Institution</b>		<b>Account Holder</b>	
Name of Broker/Advisor		Phone #	
Policy #		Amount	



## INSURANCE POLICIES

INDIVIDUAL LIFE INSURANCE			Me
<b>Insurance Company</b>		<b>Policy #</b>	
Amount		Type of Policy	
Advisor Name		Phone #	
Beneficiary		Location of Policy	
<b>Insurance Company</b>		<b>Policy #</b>	
Amount		Type of Policy	
Advisor Name		Phone #	
Beneficiary		Location of Policy	
<b>Insurance Company</b>		<b>Policy #</b>	
Amount		Type of Policy	
Advisor Name		Phone #	
Beneficiary		Location of Policy	
			Spouse/Other
<b>Insurance Company</b>		<b>Policy #</b>	
Amount		Type of Policy	
Advisor Name		Phone #	
Beneficiary		Location of Policy	
<b>Insurance Company</b>		<b>Policy #</b>	
Amount		Type of Policy	
Advisor Name		Phone #	
Beneficiary		Location of Policy	
<b>Insurance Company</b>		<b>Policy #</b>	
Amount		Type of Policy	
Advisor Name		Phone #	
Beneficiary		Location of Policy	



<b>GROUP LIFE INSURANCE</b>	<b>Me</b>	<b>Spouse/Other</b>
<b>Name (as on Policy)</b>		
<b>Policy #</b>		
Insurance Company		
Employer HR Phone #		
Certificate #		
Amount of Coverage		
Beneficiary		
Location of Policy		

<b>INDIVIDUAL HEALTH INSURANCE</b>	<b>Me</b>	<b>Spouse/Other</b>
<b>Name (as on Policy)</b>		
<b>Policy #</b>		
Insurance Company		
Broker Name (if applicable)		
Phone #		
Type of Policy		
Beneficiary		
Location of Policy		

<b>GROUP HEALTH INSURANCE</b>	<b>Me</b>	<b>Spouse/Other</b>
<b>Name (as on Policy)</b>		
<b>Policy #</b>		
Insurance Company		
Employer HR Phone #		
Phone #		
Certificate #		
Beneficiary		
Location of Policy		



INDIVIDUAL DISABILITY INSURANCE	Me	Spouse/Other
Name (as on Policy)		
Policy #		
Insurance Company		
Phone #		
Broker Name (if applicable)		
Type of Policy (Individual, Group, Critical Illness, etc.)		
Location of Policy		

GROUP DISABILITY INSURANCE	Me	Spouse/Other
Name (as on Policy)		
Policy #		
Insurance Company		
Employer HR Phone #		
Broker Name (if applicable)		
Phone #		
Type of Policy (Individual, Group, Critical Illness, etc.)		
Location of Policy		

PROPERTY CASUALTY/INSURANCE			
For Principal Address, Vacation Property, etc.			
Address of Insured Property		Policy #	
Insurance Company		Policyholder Name	
Phone #		Type of Policy (e.g., House)	
Broker's Name		Location of Policy	
Address of Insured Property		Policy #	
Insurance Company		Policyholder Name	
Phone #		Type of Policy (e.g., House)	
Broker's Name		Location of Policy	
Address of Insured Property		Policy #	
Insurance Company		Policyholder Name	
Phone #		Type of Policy (e.g., House)	
Broker's Name		Location of Policy	



### AUTO INSURANCE

<b>Name (as on Policy)</b>		<b>Policy #</b>	
Insurance Company		Make and Model of Vehicle	
Year		VIN #	
Broker Name (if applicable)		Phone #	
<b>Name (as on Policy)</b>		<b>Policy #</b>	
Insurance Company		Make and Model of Vehicle	
Year		VIN #	
Broker Name (if applicable)		Phone #	

### LIABILITY INSURANCE

For Business, Commercial purposes, etc.

<b>Name (as on Policy)</b>		<b>Policy #</b>	
Insurance Company			
Phone #		Type of Policy (e.g., Business)	
Broker's Name		Location of Policy	
<b>Name (as on Policy)</b>		<b>Policy #</b>	
Insurance Company			
Phone #		Type of Policy (e.g., Business)	
Broker's Name		Location of Policy	

### OTHER INSURANCE

<b>Name (as on Policy)</b>		<b>Policy #</b>	
Insurance Company		Amount	
Broker Name (if applicable)		Type of Policy (e.g., Motorcycle, RV)	
Broker Phone # (if applicable)		Location of Policy	

### OTHER NOTES:
