Insurance Coverage Worksheet

Have your insurance reviewed and analyzed to see if you have enough coverage.

	Client	Co-Client	Notes
Group/Term Life Insurance	☐ Yes ☐ No	☐ Yes ☐ No	
Death Benefit	$	$	
Cash Life Insurance	☐ Yes ☐ No	☐ Yes ☐ No	
Death Benefit	$	$	
Cash Value	$	$	
Disability Insurance	☐ Yes ☐ No	☐ Yes ☐ No	
Long-Term Care Insurance	☐ Yes ☐ No	☐ Yes ☐ No	
Cash Value Life Insurance	☐ Yes ☐ No	☐ Yes ☐ No	