

# Insurance Policy Statement (InsPS)

## RISK COVERAGE/RISK RETENTION PAGE

I view myself as a moderate risk retention individual, seeking current coverage from the following risk management areas.  
Total risk level today:

Life  
#1 \_\_\_\_\_ #2 \_\_\_\_\_

Disability  
#1 \_\_\_\_\_ #2 \_\_\_\_\_

Estate taxes  
#1 \_\_\_\_\_ #2 \_\_\_\_\_

I am more comfortable if the insurance carriers are mainly large companies that fit in the A or better category as rated by A.M. Best Co.

We acknowledge and concur with this Insurance Policy Statement (InsPS):

\_\_\_\_\_  
#1 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
#2 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Advisor \_\_\_\_\_ Date \_\_\_\_\_

### Coverage Levels to Maintain

#### LIFE

Total individual life coverage

#1 \$ \_\_\_\_\_ #2 \$ \_\_\_\_\_

Term \_\_\_\_\_ % Term \_\_\_\_\_ %

Owner

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Total joint life (for both)

\$ \_\_\_\_\_ Ownership form \_\_\_\_\_

#### DISABILITY

Disability #1 monthly benefit

\$ \_\_\_\_\_ Wait \_\_\_\_\_ Benefit period \_\_\_\_\_

Disability #2 monthly benefit

\$ \_\_\_\_\_ Wait \_\_\_\_\_ Benefit period \_\_\_\_\_

#### LONG-TERM CARE

LTCi #1 monthly benefit

\$ \_\_\_\_\_ Wait \_\_\_\_\_ Period \_\_\_\_\_ COLA \_\_\_\_\_

LTCi #2 monthly benefit

\$ \_\_\_\_\_ Wait \_\_\_\_\_ Period \_\_\_\_\_ COLA \_\_\_\_\_

Liability total personal coverage

#1 \$ \_\_\_\_\_ #2 \$ \_\_\_\_\_