

INSURANCE POLICY REVIEW AGENDA

Date: _____
Name: _____
Date of birth: _____
Email: _____
Phone #: _____
Address: _____

Agenda:

1, Review existing insurance policy statements to ensure records are up to date:

- Coverage Beneficiary Premium Address

2, Discuss current amount and type of coverage owned:

- Do you understand the coverage you own? Does the coverage still meet your needs?

3, Discuss life changes that may have occurred since our last meeting:

- Marital status Family addition Health change Smoking status
 Employment status New home Mortgage renewal Group changes

4, Agree on any actions that are required including responsibility and timeframe for completion?

5, Know My Client Review Agenda: