

Life Insurance Data Sheet

Name of insured:	
Insurance Co. and address:	
Agent:	Policy #:
Phone #:	Policy amount:
Beneficiaries:	
Death benefit:	
Notes or explanation of policy:	

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Insurance Co. and address:	
Agent:	Policy #:
Phone #:	Policy amount:
Beneficiaries:	
Death benefit:	
Notes or explanation of policy:	