

Insurance Policy Analysis Form

Prepared by: _____

Date prepared: _____

Insurance Policy Coverage Type: _____

Name of Insurance Company: _____

Policy Number: _____

Insureds: _____

Additional insureds: _____

Policy Term: _____

Premium: _____ Premium Basis: _____

Limits of Liability: _____

Co-insurance %: _____

Per Occurrence: _____

Per Aggregate: _____

Deductibles: _____

Property insured: _____

Insurance riders: _____

Exclusions:

1. _____

9. _____

2. _____

10. _____

3. _____

11. _____

4. _____

12. _____

5. _____

13. _____

6. _____

14. _____

7. _____

15. _____

8. _____

16. _____