

Keeping your mind at ease & ORGANIZED.

TIPS ON DIGITAL ORGANIZATION

Go through and take photos or video of your entire home, including all belongings at least once a year. Be sure to back those photos up by saving them on a cloud backup service or remote server. That way, if your phone or computer are damaged you have a copy.

Have important receipts mailed to you, or take a photo with your phone and save digital copies.

Hershfield Insurance is your broker for a lifetime. We aren't just protecting your assets, we are helping you prepare for the unforeseen. The policies listed in this handy document may change over time, but the peace of mind knowing you're properly covered will always remain.

We know insurance can feel a little overwhelming, so we've created this form for you to fill out and keep in a safe place (or 2!) so if something ever happens you aren't searching all over for different policy and phone numbers. It'll all be in one place.



How to use this document

This document is meant to be printed out, filled in and kept in a safe place. Some clients even put it in a binder or a folder along with other special documents. Once complete, it will hold a great deal of personal information and should not be left out where strangers can access it. However, be sure to tell your loved ones where they can find it in case of an emergency.

Update this document YEARLY so we can go through it together at your renewal!

Some pages you won't need, and you may need extra copies of others. No problem. Print out whichever pages are most helpful! It's our hope that this will act as a resource for you, and give you peace of mind knowing you've done the prep work in case you ever need it.

HOME / RENTERS



Account Details

Carrier _____

Policy # _____

Website _____

Customer Service Phone _____

Username _____

Password _____

PIN _____

Policy Owner _____

Renewal Date _____

Payment

Current Premium _____



HERSHFIELD
INSURANCE AGENCY

ACCOUNT MANAGER

Name _____

Phone _____

Ext. _____

Email _____

www.HershfieldIns.com

AUTO



Account Details

Carrier _____

Policy # _____

Website _____

Customer Service Phone _____

Username _____

Password _____

PIN _____

Policy Owner _____

Renewal Date _____

Payment

Current Premium _____

Vehicle 1

Make/Model/Year _____

Deductible _____

Place a copy of your policy declaration page in this binder

Vehicle 2

Make/Model/Year _____

Deductible _____

Place a copy of your policy declaration page in this binder

Vehicle 3

Make/Model/Year _____

Deductible _____

Place a copy of your policy declaration page in this binder

Vehicle 4

Make/Model/Year _____

Deductible _____

Place a copy of your policy declaration page in this binder

Notes

UMBRELLA



Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Renewal Date _____

Payment

Current Premium _____

Notes

HEALTH



Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Group _____
 Renewal Date _____

Payment

Current Premium _____
 Deductible _____
 Copayment _____

Dental

Carrier _____
 Website _____
 Customer Service Phone _____
 Group _____

Vision

Carrier _____
 Website _____
 Customer Service Phone _____
 Group _____

Agent Info

Name _____
 Company _____
 Phone _____
 Email _____
 Website _____

MOTORCYCLE



Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Renewal Date _____

Motorcycle 1

Make/Model/Year _____
 Deductible _____
 Place a copy of your policy declaration page in this binder

Motorcycle 2

Make/Model/Year _____
 Deductible _____
 Place a copy of your policy declaration page in this binder

Payment

Current Premium _____

BOAT



Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Renewal Date _____

Watercraft

Make/Model/Year _____
 Deductible _____
 Place a copy of your policy declaration page in this binder

Payment

Current Premium _____

RV / ATV

Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Renewal Date _____

Vehicle

Make/Model/Year _____
 Deductible _____
 Place a copy of your policy declaration page in this binder

Payment

Current Premium _____

LIFE



Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Renewal Date _____
 Coverage Amount _____
 Whole Life
 Term Life
 Riders _____
 Face Value _____

Beneficiary

Full Name _____
 Phone Number _____

Payment

Current Premium _____

Agent Info

Name _____
 Company _____
 Phone _____
 Email _____
 Website _____

LIFE



Account Details

Carrier _____
 Policy # _____
 Website _____
 Customer Service Phone _____
 Username _____
 Password _____
 PIN _____
 Policy Owner _____
 Renewal Date _____
 Coverage Amount _____
 Whole Life
 Term Life
 Riders _____
 Face Value _____

Beneficiary

Full Name _____
 Phone Number _____

Payment

Current Premium _____

Agent Info

Name _____
 Company _____
 Phone _____
 Email _____
 Website _____

FAMILY MEMBER # _____

First Name _____	Date of Birth _____
Middle Name _____	Gender _____
Last Name _____	Ethnicity _____
Nickname(s) _____	Height _____
	Weight _____
Current Address _____	Hair Color _____
City State Zip _____	Eye Color _____
Phone Number _____	Birthmarks _____
SS# _____	Marks/Scars _____
Employer _____	Allergies _____
Employer's Phone _____	Medical Conditions _____
	Medications _____
Current as of _____	Blood Type _____
(Date) _____	

Notes**FAMILY MEMBER # _____**

First Name _____	Date of Birth _____
Middle Name _____	Gender _____
Last Name _____	Ethnicity _____
Nickname(s) _____	Height _____
	Weight _____
Current Address _____	Hair Color _____
City State Zip _____	Eye Color _____
Phone Number _____	Birthmarks _____
SS# _____	Marks/Scars _____
Employer _____	Allergies _____
Employer's Phone _____	Medical Conditions _____
	Medications _____
Current as of _____	Blood Type _____
(Date) _____	

Notes

EMERGENCY CONTACTS

IF YOU ARE UNSURE WHO TO CALL - Dial 911

Emergency Numbers

- Poison Control _____
- 24 Hour Nurse Line _____
- Phone & address for
Closest 24-Hr
Emergency Room _____
- Phone & address for
Closest Urgent Care _____
- Animal Control _____
- Gas Company _____
- Electric Company _____
- Water / Sewer _____
- Road Conditions _____
- Fire Department _____
- Police Department _____
- Plumber _____
- Landlord _____
- Family Attorney _____
- Family Trust Attorney _____

Doctor's

- Primary Care _____
- Pediatrician _____
- Optometrist _____
- Orthodontist _____
- Other Specialties _____
- _____
- Veterinarian _____
- Emergency Vet _____

Family's Name / Phone

Neighbor's Name / Phone

Location of Wills / Trusts

Other Important Notes

OTHER DOCUMENTS

Here are other documents to collect and keep in a safe place along with these forms.

- Birth Certificates
- Death Certificates
- Durable Powers of Attorney
- Passports
- Social Security Cards
- Recent Photo of Each Family Member
- Immunization Records
- Marriage Certificates
- Property Deeds
- Vehicle Certificate of Title
- Receipts for Large Purchases
- Photos of Property / Items Within Your Residence
- Previous Year's Taxes
- Historical Family Accounts / Genealogical Records
- Immigration Paperwork
- _____
- _____
- _____
- _____
- _____
- _____

Other Important Notes