

**15.0 OTHER INSURANCE**

15.01 Did D maintain any insurance other than life insurance? ☐ Yes ☐ No If no, skip the rest of this Section 15.0. If yes, complete Items 15.02 through 15.06 for each insurance agent who is not listed at Item 13.05 or Item 14.02 and attach separate pages for additional items.

15.02 Name \_\_\_\_\_

15.03 Address \_\_\_\_\_

15.04 City, state, zip \_\_\_\_\_

15.05 Phone number \_\_\_\_\_

15.05A Fax number \_\_\_\_\_

15.05B Email \_\_\_\_\_

15.06 Company represented \_\_\_\_\_

15.07 Type of insurance: ☐ Accident ☐ Health ☐ Medical ☐ Homeowners ☐ Vehicle  
☐ Fire and extended coverage ☐ Liability ☐ Disability ☐ Other

15.08 Policy number \_\_\_\_\_

15.09 Amounts of coverage \_\_\_\_\_

15.10 If accident insurance proceeds were payable due to D's death, did D pay the premiums on those policies within three years before D's death? ☐ Yes ☐ No

15.11 Is coverage adequate? ☐ Yes ☐ No

15.12 Should policy be canceled and unearned premium collected? ☐ Yes ☐ No

15.13 Amount of unearned premium collected \_\_\_\_\_

15.14 Should policy be transferred? ☐ Yes ☐ No

15.15 If yes, to whom? \_\_\_\_\_

15.16 Address \_\_\_\_\_

15.17 City, state, zip \_\_\_\_\_

15.18 Phone number \_\_\_\_\_

15.19 Was this policy specifically bequeathed? ☐ Yes ☐ No If yes, give details, including cross-reference to the specific provision of D's will \_\_\_\_\_

15.20 D's income tax basis \_\_\_\_\_

15.21 - 15.24 (Reserved)

**Inventory and Estate Tax Return Description**

15.25 Enter asset description (in format to be used on probate documents or estate tax return) and indicate its value or amount of premium refund on the date of death and on the alternate valuation date \_\_\_\_\_

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