

# INSURANCE PREMIUM TRACKER

Fiscal Year: 2024 | Entity: \_\_\_\_\_

Last Updated: \_\_\_\_\_

POLICY TYPE	CARRIER / AGENT	POLICY #	DUE DATE	PREMIUM AMOUNT	PAYMENT METHOD	STATUS
General Liability	Global Shield Inc.	GL-992034	Jan 15	\$2,400.00	ACH Transfer	Paid
Workers Comp	State Mutual	WC-445110	Feb 01	\$1,150.00	Credit Card	Pending
Professional Indemnity	SafeGuard Ltd.	PI-887223	Mar 12	\$3,200.00	Check # _____	Scheduled

TOTAL ANNUAL COMMITMENT

**\$ 0.00**

PAID TO DATE

**\$ 0.00**

NEXT PAYMENT DUE

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Notes: Review policy renewal dates 30 days in advance of expiration.

## Print Management Chart