

HOUSEHOLD INSURANCE PREMIUM ALLOCATION

Policy Number: _____

Renewal Date: _____

Carrier: _____

Total Annual Premium: \$ _____

ALLOCATION CATEGORY	DESCRIPTION / ASSET	AMOUNT (\$)
Dwelling	Main Structure Replacement	
Other Structures	Garage, Shed, Fencing	
Personal Property	Contents & Electronics	
Loss of Use	Temporary Living Expenses	
Liability	Personal Liability Protection	
Medical	Guest Medical Payments	
Endorsements	Jewelry, Art, Riders	

ALLOCATION CATEGORY	DESCRIPTION / ASSET	AMOUNT (\$)
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Taxes & Fees		
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	State Surcharges / Filing Fees	
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TOTAL ALLOCATED PREMIUM

Authorized Signature: _____

Date: _____

** This document is for internal budgeting and allocation tracking purposes only.*