

# LIABILITY INSURANCE MONITORING

Fiscal Year: 20\_\_\_\_\_

Policy Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage Type: \_\_\_\_\_

Annual Premium: \$ \_\_\_\_\_

| <b>DUE<br/>DATE</b> | <b>DATE<br/>PAID</b> | <b>REFERENCE<br/>/ CHECK #</b> | <b>AMOUNT<br/>PAID</b> | <b>BALANCE</b> | <b>NOTES /<br/>CONFIRMATION</b> |
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|---------------------|----------------------|--------------------------------|------------------------|----------------|---------------------------------|

| <b>DUE<br/>DATE</b> | <b>DATE<br/>PAID</b> | <b>REFERENCE<br/>/ CHECK #</b> | <b>AMOUNT<br/>PAID</b> | <b>BALANCE</b> | <b>NOTES /<br/>CONFIRMATION</b> |
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Internal Use Only & Confidential Insurance Records