Insurance Summary Schedule
For Insurance Policies Expensed During FY [Fiscal Year]
Contractor Name: _____

Type of Insurance (e.g., group health)	Purchased /Self?	Insurance Carrier	Policy Number	Policy Period	Premium Rate & Base	Internal Allocation Base of Expenses	Premium for Policy Period	Amt of Premium Expensed in FY 20___	Corp Home Office Expense Allocation to Segments in FY 20___	
									Div A	Div B