A1A Wealth Management, Inc.

CONFIDENTIAL

DETAILED QUESTIONNAIRE

INSURANCE REVIEW

Personal and Confidential

Complete and return to:
A1A Wealth Management, Inc.
P.O. Box 834   Fernandina Beach, FL 32035-0834
E-mail: planning@A1Awealthmanagement.com
Fax: 800-611-9874
Voice: 904-491-1889

Financial Advisor: Mark Dennis, CFP® ____________________ Date: ____________________

Personal Information

Personal Information

	Client	Spouse
Full Name	______________________	______________________
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth	_____/_____/_____	_____/_____/_____
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Email Address	______________________	______________________
Employment Status	☐ Retired ☐ Employed ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed	☐ Retired ☐ Employed ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed
Employment Income	$______________________	$______________________
Other Pre-Retirement Income *(non investment)*	$______________________	$______________________
Citizenship	______________________	______________________
State of Residence	______________________	

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
______________________	_____/_____/_____	☐ Child ☐ Grandchild ☐ Other Dependent ☐ Beneficiary/Donee ☐ Charity ☐ Trust
______________________	_____/_____/_____	☐ Child ☐ Grandchild ☐ Other Dependent ☐ Beneficiary/Donee ☐ Charity ☐ Trust
______________________	_____/_____/_____	☐ Child ☐ Grandchild ☐ Other Dependent ☐ Beneficiary/Donee ☐ Charity ☐ Trust
______________________	_____/_____/_____	☐ Child ☐ Grandchild ☐ Other Dependent ☐ Beneficiary/Donee ☐ Charity ☐ Trust

Insurance Policies

Cash Value Life Policies owned by the Client or Spouse

Investment Asset *(Variable Life)*

Owner: ☐ Client ☐ Spouse Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Name or Description:_______________________________

Beneficiaries & Death Benefit

Estate	____%	Other - ______________________	____%	Other - ______________________	____%
Spouse	____%	Other - ______________________	____%	Other - ______________________	____%

Current Value: $___________________________________ Cost Basis: $_______________________________

Insurance Amount: $_______________________________

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: ____

☐ Earmark to Multiple Goals: ____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: $________________ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: $________________

Year Additions Begin: ___________________

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _________

Asset Class Distribution:

CE __________%	STB _________%	ITB __________%	LTB __________%	LCVS ________%
LCGS ________%	MCS _________%	SCS _________%	IDS __________%	IES __________%
UC __________%				

Insurance Policies

Other Asset *(Universal/Variable/Whole Life/Other Life)*

Owner: ☐ Client ☐ Spouse Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description: ______________________ Current Cash Value: $__________ *(before tax - today's dollars)*

Average Annual Growth Rate:__________ *(excluding cost of insurance)*

Beneficiaries/Percentage

Estate	___%	Other - ______________	___%	Other - ______________	___%
Spouse	___%	Other - ______________	___%	Other - ______________	___%

Death Benefit Amount: ______________ Premium Amount: $__________ every__________

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years ________

When will this policy terminate?

☐ When insured dies ☐ Year ________

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes *(If Yes, complete the remaining items)*

Year of Withdrawal: ______________

Amount of Withdrawal: $__________ (*Before tax – future dollars*) Tax-free withdrawal: $__________

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: ______________________________

☐ Earmark to Multiple Goals: ______________________________

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Insurance Policies

Cash Value Life Policies owned by Trust or Other Person or Entity

Cash Value Life *(Universal/Variable/Whole Life/Other)*

Owner: ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description/Company: ______________________ Current Cash Value: $____________ *(before tax - today's dollars)*

Beneficiaries/Percentage

Estate ___% Other - ____________________ ___% Other - ____________________ ___%

Spouse ___% Other - ____________________ ___% Other - ____________________ ___%

Death Benefit *(deduct policy loans)*: ______________ Premium Amount: $____________ every______________

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years ____________

When will this policy terminate?

☐ When insured dies ☐ Year ___________

If ownership is of this policy was transferred, enter the year of transfer: _________

Select the original owner of the policy: ☐ Client ☐ Spouse

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life *(Term Life)*

Owner: ☐ Client ☐ Spouse ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description/Company: ____

Beneficiaries/Percentage

Estate ___% Other - ____________________ ___% Other - ____________________ ___%

Spouse ___% Other - ____________________ ___% Other - ____________________ ___%

Death Benefit Amount: ______________________ Premium Amount: $____________ every______________

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years ____________

When will this policy terminate?

☐ When insured dies ☐ Year ___________

If ownership is of this policy was transferred, enter the year of transfer: _________

Select the original owner of the policy: ☐ Client ☐ Spouse

Non-Cash Value Life *(Group Term/Other)*

Owner: ☐ Client ☐ Spouse ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse

Description/Company: ____

Beneficiaries/Percentage

Estate ___% Other - ____________________ ___% Other - ____________________ ___%

Spouse ___% Other - ____________________ ___% Other - ____________________ ___%

Death Benefit Amount: ______________________

When will this policy terminate?

☐ When insured dies ☐ Year ___________

If ownership is of this policy was transferred, enter the year of transfer: _________

Select the original owner of the policy: ☐ Client ☐ Spouse

Insurance Policies

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life *(Group Term/Other)*

Owner: ☐ Client ☐ Spouse ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse

Description/Company: ____

Beneficiaries/Percentage

Estate	___%	Other -	____________________	___%	Other -	____________________	___%
Spouse	___%	Other -	____________________	___%	Other -	____________________	___%

Death Benefit Amount: ____________________

When will this policy terminate?

☐ When insured dies ☐ Year __________

If ownership is of this policy was transferred, enter the year of transfer: ________

Select the original owner of the policy: ☐ Client ☐ Spouse

Other Insurance Policies

Disability *(Group/Personal/Other)*

Insured: ☐ Client ☐ Spouse

Premium Amount: $___________ every ________

Monthly Benefit Amount: $_____________________

Benefit Period (select one)

☐ Period of Time _____________ per ______

☐ Until this Age ___________

Description/Co:________________________________

Tax Status: ☐ Pre-Tax ☐ After-Tax

Elimination Period: ________ ☐ Months ☐ Years

Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: ___________%

Insured: ☐ Client ☐ Spouse

Premium Amount: $___________ every ________

Monthly Benefit Amount: $_____________________

Benefit Period (select one)

☐ Period of Time _____________ per ______

☐ Until this Age ___________

Description/Co:________________________________

Tax Status: ☐ Pre-Tax ☐ After-Tax

Elimination Period: ________ ☐ Months ☐ Years

Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: ___________%

Insurance Policies

Other Insurance Policies

Long Term Care *(Home Care Only/Nursing Home Care/Other)*

Insured: ______________________________ Description/Co:_______________________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Benefit Period: (Check # of years or Lifetime) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime

Daily Benefit Amount: $__________________ Elimination Period:__________days

Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: __________%

Insured: ______________________________ Description/Co:_______________________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Benefit Period: (Check # of years or Lifetime) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime

Daily Benefit Amount: $__________________ Elimination Period:__________days

Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: __________%

Medicare Supplement Insurance Policies

Insured: __________________ Description/Co:____

Type: *(Check one)* ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

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Insured: __________________ Description/Co:____

Type: *(Check one)* ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Property & Casualty Insurance Policies *(Auto, Homeowners, Umbrella/Other)*

Description/Co:_________________________ Policy Expiration Date: __________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

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Description/Co:_________________________ Policy Expiration Date: __________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

---

Description/Co:_________________________ Policy Expiration Date: __________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

---

Description/Co:_________________________ Policy Expiration Date: __________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

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Description/Co:_________________________ Policy Expiration Date: __________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

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Description/Co:_________________________ Policy Expiration Date: __________________

Premium Amount: $______________________per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Liabilities

Liabilities -- Summary Input
(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Description:________________________________
Whose debt? ☐ Client ☐ Spouse ☐ Joint   If Joint, What kind? ________________________________
Outstanding balance: $______________________   Monthly Payment: $________________________________

Liabilities

Liabilities - Detailed Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description:______________________________

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender:_________________________________ Outstanding balance: $_____________________________

Initial Loan Amount: $_____________________ Date Loan Began:___________ Term:_______________

Interest Rate:_________ Monthly Payment: $_____________ OR Date to Pay Full Balance:___________

Description:______________________________

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender:_________________________________ Outstanding balance: $_____________________________

Initial Loan Amount: $_____________________ Date Loan Began:___________ Term:_______________

Interest Rate:_________ Monthly Payment: $_____________ OR Date to Pay Full Balance:___________

Description:______________________________

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender:_________________________________ Outstanding balance: $_____________________________

Initial Loan Amount: $_____________________ Date Loan Began:___________ Term:_______________

Interest Rate:_________ Monthly Payment: $_____________ OR Date to Pay Full Balance:___________

Description:______________________________

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender:_________________________________ Outstanding balance: $_____________________________

Initial Loan Amount: $_____________________ Date Loan Began:___________ Term:_______________

Interest Rate:_________ Monthly Payment: $_____________ OR Date to Pay Full Balance:___________

Description:______________________________

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender:_________________________________ Outstanding balance: $_____________________________

Initial Loan Amount: $_____________________ Date Loan Began:___________ Term:_______________

Interest Rate:_________ Monthly Payment: $_____________ OR Date to Pay Full Balance:___________

Insurance Needs Analysis

Life Insurance Needs Analysis

If Client Dies		If Spouse Dies
$____________	**Existing Life Insurance to Include**	$____________
$____________	**Additional Death Benefit**	$____________
	Amounts to be Paid at Death	
$____________	Liabilities	$____________
$____________	Final Expenses	$____________
$____________	Bequests	$____________
$____________	Other Payments	$____________
	Living Expenses for Survivors	
$____________	Current Annual Amount (after tax)	$____________
____________	Cover Expense until Spouse is this Age	____________
$____________	Future Annual Amount (after tax)	$____________
____________	Cover Expense until Spouse is this Age *(Life Expectancy)*	____________

Financial Goals

If you die, there might be Goals in your Plan that you won't want to fund. Deleting these would reduce the amount of Life Insurance you need. List any goals that you wouldn't want to fund if your spouse died.

____

____

Sell Other Assets

If Clients Dies		If Spouse Dies
$____________	Enter the total after-tax amount of Personal and Business Assets that would be sold at death.	$____________

Other Income

	From Now Until Retirement	
$____________	Annual Other Income Amount *(current dollars, pre tax)*	$____________
☐ No ☐ Yes	Will this amount inflate?	☐ No ☐ Yes

After Retirement

Check the types of your Retirement Income that would continue at your death.

☐ Pension ☐ Annuity Income ☐ Rental Income ☐ Royalties ☐ Other

Spouse Employment

If your spouse is not currently employed and would seek employment if you died, enter the following: Start Year: _________ Stop Year: ___________

Annual Income: $____________ Inflate? ☐ No ☐ Yes

Dependents

List any dependents that would NOT be eligible for Social Security Survivor benefits:

____

Insurance Needs Analysis

Disability Needs Analysis for Client

Do you want to include Social Security Disability Benefits in the analysis? ☐ No ☐ Yes

Spouse Employment

If your spouse isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: ________ Stop Year: ____________ Annual Income: $____________ Inflate? ☐ No ☐ Yes

Income

Enter any income you would continue to receive if you were disabled.
(Do not include your spouse's employment income.)

Start Year: ________ Stop Year: ____________ Annual Income: $____________ Inflate? ☐ No ☐ Yes

Income Needed – *(Select One Option)*

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	$______________________
Year 1, Months 2-3	$______________________
Year 1, Months 4-5	$______________________
Year 1, Months 6-12	$______________________
Year 2	$______________________
Year 3-5	$______________________
Year 6 to Age 65	$______________________

B: Use a Percentage of Income Needed: __________%

Disability Needs Analysis for Spouse

Do you want to include Social Security Disability Benefits in the analysis? ☐ No ☐ Yes

Spouse Employment

If your spouse isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: ________ Stop Year: ____________ Annual Income: $____________ Inflate? ☐ No ☐ Yes

Income

Enter any income you would continue to receive if you were disabled.
(Do not include your spouse's employment income.)

Start Year: ________ Stop Year: ____________ Annual Income: $____________ Inflate? ☐ No ☐ Yes

Income Needed – *(Select One Option)*

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	$______________________
Year 1, Months 2-3	$______________________
Year 1, Months 4-5	$______________________
Year 1, Months 6-12	$______________________
Year 2	$______________________
Year 3-5	$______________________
Year 6 to Age 65	$______________________

B: Use a Percentage of Income Needed: __________%

Insurance Needs Analysis

Long-Term Care Needs Analysis

	Client	Spouse
Cost of Long-Term Care		
Type of Long-Term Care	☐ Nursing Home ☐ Assisted Living ☐ Home Care – 4hr/day ☐ Home Care – 8hr/day ☐ Home Care – 12hr/day	☐ Nursing Home ☐ Assisted Living ☐ Home Care – 4hr/day ☐ Home Care – 8hr/day ☐ Home Care – 12hr/day
Inflation Rate for LTC Expenses	______%	_______%
Long-Term Care Period		
Age at which care is needed	______	_______
Number of years of LTC	_____	_______
Expense Adjustments		
Reduce expenses during Care Period by this amount each year:	$_________________	$____________________

Estate Analysis

Estate Documents

	Client	Spouse
Will	☐ No ☐ Yes	☐ No ☐ Yes
Includes Bypass Trust	☐ No ☐ Yes	
Date Last Reviewed	______________________	
Medical Directive	☐ No ☐ Yes	☐ No ☐ Yes
Power of Attorney	☐ No ☐ Yes	☐ No ☐ Yes

Budget

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Budget

Home Expenses

Description:________________________________

Category	Monthly Budget Amount	
	Current	**Alt 1 / Retirement**
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description:________________________________

Category	Monthly Budget Amount	
	Current	**Alt 1 / Retirement**
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description:________________________________

Category	Monthly Budget Amount	
	Current	**Alt 1 / Retirement**
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Budget

Home Expenses

Description:__________________________________

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description:__________________________________

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description:__________________________________

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		