



Contoso Insurance

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| Policy Holder: | Amela Strickland |
| Policy #: | STR156629DY527 |
| Effective Coverage Dates: | 28 December 2004 - 09 April 2028 |
| Address: | Ap #541-3302 Nonummy Ave North Shore, North Island 8969 |
| Policy Amount: | \$44,008.00 |
| Deductible: | \$1,000.00 |
| Out of Pocket Max: | \$3,000.00 |

DEPENDENTS

You have no dependents to list.