

Certificate of Insurance Template



Policy Information

Policy Number Maecenas tincidunt
lacus at velit.
Vivamus vel nulla
eget eros elementum
pellentesque.

Date November 15, 1995

General Information

Policy Initial Owner / Applicant

Davina Integer a nibh. In quis justo.
Honisch

Gender of Applicant

Integer a nibh. In quis
justo.

Civil Status of Applicant

Integer a nibh. In quis
justo.

Residence Address of Applicant

83143 Bultman Plaza, 50 Mosinee Trail
Panama City, Florida, 32405
United States

Birthday of Applicant

November 15, 1995

Age of the Applicant at issuance of policy

Maecenas tincidunt lacus at velit.
Vivamus vel nulla eget eros elementum
pellentesque.

Birthplace of Applicant

Maecenas tincidunt lacus at
velit. Vivamus vel nulla eget
eros elementum
pellentesque.

Email Address

metzzo@example.com

Name of Employer

Maecenas tincidunt lacus at velit.
Vivamus vel nulla eget eros elementum
pellentesque.

Nature of Business

Maecenas tincidunt lacus at
velit. Vivamus vel nulla eget
eros elementum
pellentesque.

Estimated Annual Income

Maecenas tincidunt lacus at
velit. Vivamus vel nulla eget
eros elementum
pellentesque.

Home Phone

+71 (6) 289-5802

Business Phone

+71 (6) 289-5802

Mobile Phone

+71 (6) 289-5802

Business Address

83143 Bultman Plaza, 50 Mosinee Trail
Panama City, Florida, 32405
United States

Information of the person's life insured

Name of Life Insured

Davina Integer a nibh. In quis justo.
Honisch

Gender of Insured

Integer a nibh. In quis
justo.

Civil Status of Insured

Integer a nibh. In quis justo.

Residence Address of Insured

83143 Bultman Plaza, 50 Mosinee Trail
Panama City, Florida, 32405
United States

Birthday of Insured

Wednesday, November 15,
1995

Age of the Insured at issuance of policy

Maecenas tincidunt lacus at

Birthplace of Insured

Maecenas tincidunt lacus at velit.
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pellentesque.

Email Address

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**Name of Employer**

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Home Phone

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eros elementum
pellentesque.

Mobile Phone

+71 (6) 289-5802

Policy Details

Effectivity Date

Wednesday, November 15, 1995

Maturity Date

Wednesday, November 15, 1995

Beneficiary

Named Primary Beneficiary

Davina Honisch

Relationship

Maecenas tincidunt lacus at
velit. Vivamus vel nulla eget
eros elementum
pellentesque.

Revocable or irrevocable

Integer a nibh. In quis justo.

Named Secondary Beneficiary

Davina Honisch

Relationship

Maecenas tincidunt lacus at
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eros elementum
pellentesque.

Revocable or irrevocable

Integer a nibh. In quis
justo.

Summary of benefits payable

Basic Benefit Premium

Maecenas tincidunt lacus at velit. Vivamus vel nulla eget eros
elementum pellentesque.

Accidental Death

Maecenas tincidunt lacus at velit. Vivamus vel nulla eget eros
elementum pellentesque.

Total Disability

Maecenas tincidunt lacus at velit. Vivamus vel nulla eget eros
elementum pellentesque.

Total Annual Premium Payable

8405

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Acknowledgement

I acknowledge that I have applied with Signature Insurance, Inc. for an Insurance Policy and have reviewed the provisions showing how a life insurance policy performs using the company's assumptions based on the Insurance Commissioner's guidelines on interest rates.

I likewise understand that the performance of fund may vary, the values of my units are not guaranteed and will depend on the actual performance of a given period. The value of my policy could be less than the premiums paid.

I understand that the risks of investment under this policy shall be borne by me, as the policy owner.

Name of Applicant

Davina Integer a nibh. In quis justo. Honisch

Date signed

Wednesday, November 15, 1995

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Provisions

The Contract

The proposals, the application form, any endorsements and amendments agreed upon in writing after this policy is issued shall constitute the entire Contract. The benefits payable shall be based on the performance of the investment funds chosen by you.

Effectivity

The effectivity of this policy initiates upon the initial payment of its Premium and the delivery of the Policy to the Owner while the Insured is in good health.

Currency and Place of Payment

All amounts payable either to or by us will be in the currency specified in the Policy details. Acceptance of placement of payments shall be at any of our offices or such other location as determined by us from time to time

Incontestability

After two years from the time of effectivity or from last reinstatement of the contract, the said contract shall be incontestable except for non-payment of Premium and Insurance Charges or any other ground recognized by law.

Suicide

No liability shall be borne by the Company if in case the life insured dies by suicide. However, if the death by suicide happens in the state of insanity, the life insured shall be compensated regardless of the date of the commission, within the period of effectivity of this Policy.

In case the death benefit is not payable, the liability of the Company shall be limited to:

1. The Basic Premium
2. The value of the account based on the Unit price of the relevant fund, not including bonuses.
3. Premiums paid under any part of the Contract for which the benefit of death is not payable.

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Beneficiaries

The assigned or named beneficiaries shall be as named or assigned in the application.

The benefit proceeds are payable to the Beneficiaries named, or in his absence, the Contingents. In case no beneficiary is indicated, the benefit proceeds shall be payable to the life insured, if living, or to his estate.

Separability Clause

Should any provision of this Contract be held invalid by any competent court, the same shall apply only to the provision involved and the remaining provisions hereto shall remain valid and enforceable.

Agreement Modification

No modification or alteration of this Contract shall be considered as having been made unless executed in writing and duly signed by the parties hereto.

Signature of President

Signature of Corporate Secretary
