



CERTIFICATE OF LIABILITY INSURANCE

AMERICAN
FAMILY LIFE

THIS CERTIFICATE IS A SUMMARY OF THE POLICY OF AMERICAN FAMILY LIFE INSURANCE COMPANY, NEW YORK, NEW YORK, AND ITS AFFILIATES, AND IS NOT A CONTRACT. THE POLICY OF AMERICAN FAMILY LIFE INSURANCE COMPANY, NEW YORK, NEW YORK, AND ITS AFFILIATES, IS THE ONLY CONTRACT BETWEEN YOU AND AMERICAN FAMILY LIFE INSURANCE COMPANY, NEW YORK, NEW YORK, AND ITS AFFILIATES. THE POLICY OF AMERICAN FAMILY LIFE INSURANCE COMPANY, NEW YORK, NEW YORK, AND ITS AFFILIATES, IS THE ONLY CONTRACT BETWEEN YOU AND AMERICAN FAMILY LIFE INSURANCE COMPANY, NEW YORK, NEW YORK, AND ITS AFFILIATES.

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INSURED John Doe 123 Main St New York, NY 10001 Date of Birth: 01/01/1950	INSURANCE American Family Life Insurance Company 123 Main St New York, NY 10001 Date of Policy: 01/01/2000
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COVERAGE SUMMARY

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COVERAGE	AMOUNT	DATE	STATUS	REMARKS
Life Insurance	\$1,000,000	01/01/2000	Active	
Accident and Sickness	\$1,000,000	01/01/2000	Active	
Disability Income	\$1,000,000	01/01/2000	Active	
Health Insurance	\$1,000,000	01/01/2000	Active	
Life Insurance	\$1,000,000	01/01/2000	Active	
Accident and Sickness	\$1,000,000	01/01/2000	Active	
Disability Income	\$1,000,000	01/01/2000	Active	
Health Insurance	\$1,000,000	01/01/2000	Active	
Life Insurance	\$1,000,000	01/01/2000	Active	
Accident and Sickness	\$1,000,000	01/01/2000	Active	
Disability Income	\$1,000,000	01/01/2000	Active	
Health Insurance	\$1,000,000	01/01/2000	Active	
Life Insurance	\$1,000,000	01/01/2000	Active	
Accident and Sickness	\$1,000,000	01/01/2000	Active	
Disability Income	\$1,000,000	01/01/2000	Active	
Health Insurance	\$1,000,000	01/01/2000	Active	

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VALUE OF INSURANCE \$1,000,000	REMARKS This certificate is a summary of the policy of American Family Life Insurance Company, New York, New York, and its affiliates, and is not a contract. The policy of American Family Life Insurance Company, New York, New York, and its affiliates, is the only contract between you and American Family Life Insurance Company, New York, New York, and its affiliates.
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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Case Number: Case Name: Case Type: Case Status: Case Date:	Case Description: Case Comments:
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ADDITIONAL REMARKS

This additional remarks section is provided to document:

Case Number: 10 Case Name: Case Name Case Status: Case Status

Case Description: Case Description Case Comments: Case Comments

Case Date: Case Date Case Status: Case Status

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