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Policy Declaration Letter

Dear < Policy Holder Name >,

We at ABC Insurance Company are committed to provide world class service to our customers. In our effort to do so, we are pleased to provide you insurance services. Your policy details are as under:

Policy #: AA-BBBBBB-CC

Effective Date: 04/15/2019

Term: 6 Months

Primary Named Insured: <PolicyHolderName>

Total Premium: \$1032.43

Terms and Conditions:

- Your premium will be due on 1st of each month
- You can cancel your policy anytime with no penalty
- Your quoted premium is based on the prevailing rates and can change anytime without any prior notice from insurance company.