



Welcome Document

Dear Mahar ,

We are pleased to provide you with your insurance quotation number Q-ASK-001

Policy Details

Field	Value
Policy Number	P-ASK-789
Start Date	2025-09-05
End Date	2026-09-04
Customer Name	Mahar

Table of Benefits

Benefit	Coverage	Limit
Health	Full	\$30,000
Dental	Partial	\$4,000

Terms and Conditions

1. Coverage is valid for 12 months from start date
2. Premium payments are due monthly
3. Claims must be submitted within 30 days

Additional Document

<<ICS_Include_Doc2>>

Signature

Customer Signature: _____

Date: Monday, September 8, 2025