



## STATEMENT OF ACCOUNTS

Date: February 04, 2026

Certificate Number: 100436644

Policyholder: SHRAVANI GONDHI

Coverage Period: February 05, 2026 - July 04, 2026

The following is a summary of the total premium(s) paid mentioned above:

Transaction Date	Credit Card Type	Amount
February 04, 2026	American Express	\$225.00
	<b>TOTAL PAID</b>	<b>\$225.00</b>

All inquiries concerning this statement can be directed to the following:

WorldTrips  
P.O. Box 240358  
Apple Valley, MN 55124  
TEL: 317-262-2132 / 1-800-605-2282 / FAX: 317-262-2140

For future purchases, please contact your producer:

Insubuy  
[info@insubuy.com](mailto:info@insubuy.com)  
(866) INSBUY  
<https://www.insubuy.com>

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