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The One Stop Insurance Company

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Customer:

XXXXXXXXXXXXXXX XXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX, XX XXXXXX

Phone: (999)999-99-99

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Cars Insured #: ##

Extra Liab. up to $1,000,000: XXX

Glass Coverage: XXX

Loaner Car Coverage: XXX

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Insurance Premium: $#,###.##

Ex. Liab. Coverage: $#,###.##

Glass Coverage: $###.##

Loaner Car Coverage: $###.##

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Total Insurance Premium: $##,###.##

HST(##%): $#,###.##

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Total Cost: $##,###.##

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Issued Date: DD-Mon-YYYY

Monthly Payment: $#,###.##

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Next Payment Date: DD-Mon-YYYY

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