

## **Policy Coverage**

**Policy Number:** P784563214

**Policy Bind Date:** 2024-08-15

**Policy State:** NY

**Months as Customer:** 1

**Policy CSL:** \$300,000

**Policy Deductible:** \$500

**Policy Annual Premium:** \$3,500

**Umbrella Limit:** \$1,000,000

**Insured Name:** Mark Thompson

**Insured Sex:** Male

**Insured Education Level:** High School

**Insured Occupation:** Real Estate Agent

**Insured Hobbies:** Horse Riding, Boating

**Capital Gains:** \$0

**Capital Loss:** \$0