

SAFEGUARD INSURANCE COMPANY

Certificate of Insurance

Policy Number: SGI-HLT-2024-445892

Policy Type: Comprehensive Health Insurance

POLICYHOLDER INFORMATION

Name: John Michael Davidson
Date of Birth: 15-Aug-1985
Address: 742 Evergreen Terrace, Springfield, IL 62701
Policy Holder ID: PH-88234567

COVERAGE PERIOD

Effective Date: 01-Jan-2024
Expiration Date: 31/12/2024
Premium Due Date: 1st of each month

COVERAGE SUMMARY

Coverage Type	Limit	Deductible
Hospitalization	\$500,000	\$500
Outpatient Care	\$50,000	\$100
Prescription Drugs	\$25,000	\$25
Mental Health	\$30,000	\$150
Emergency Services	\$100,000	\$250

This certificate is issued subject to the terms, conditions, and exclusions of the master policy. Please refer to your policy documents for complete details.