

July 18, 2024

Life Insurance Quotes

Ms. Anne A. Bolliger
Route 66
Davos, 42321

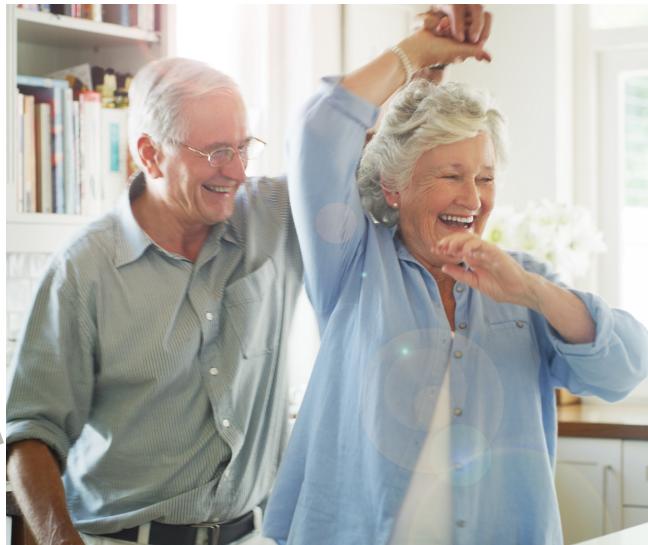
Dear Ms. Bolliger,

We are pleased that you are using Emerald Insura services. I am certain that your trust in us is well placed. To make sure you are up to date with all relevant information, I am attaching your insurance contract details and other relevant documents. Please review all documents related to your insurance plan carefully. If there is anything we can do to make your Emerald Insura experience more pleasant, please let us know. I am sure we will be able to accommodate all your needs.

Your Insurance Coverage

Your life insurance covers the following types of loss:

-  Insurance for accidental death
-  Insurance against death from any cause
-  Permanent disability insurance
-  Lifetime level premiums
-  Lifetime coverage



Please make sure that this information is correct.

If you need any assistance, do not hesitate to call Emerald Insura at 602-630-6730.

Warmly,



Dianne Thomson
Email: d.thomson@emeraldinsura.com
Toll Free: +1154456679
Cell: +123454784



Emerald InsuraGroup
4730 Dogwood Road, Suite 3b
Phoenix, AZ 85012-1254
602-630-6730
www.emeraldinsura.com

Life Insurance

Here is some basic information about your total coverage:

CONTACT INFORMATION

ACCOUNT NUMBER	123 456 789
POLICY NUMBER	123 456 789-1

Your Plan

YEARS: 30
MONTHLY PAYMENT: \$70.33
TOTAL COVERAGE: \$428,370.00
EXPIRATION DATE: December 1, 2021

Details

You provided us with the following personal information:

APPLICANT INFORMATION

APPLICANT NAME	Ms. Anne A. Bolliger
DATE OF BIRTH	June 5, 1982
ADDRESS	66 Route, Davos, 42321
PHONE	420123456789
EMAIL	m.moravec@quadient.com

COVERAGE

INSURANCE FOR ACCIDENTAL DEATH	\$428,370.00
INSURANCE AGAINST DEATH FROM ANY CASE	\$55,688.10
PERMANENT DISABILITY INSURANCE	\$389,816.70
DAILY COMPENSATION – INJURY	\$24.07
HOSPITALIZATION – INSURANCE ACCIDENT/SICKNESS	\$24.07

Should you need to make any **changes** to the current contract, please **inform us by December 1, 2021** so that we can make these changes before your contract is automatically renewed with the current values.



Emerald InsuraGroup
4730 Dogwood Road, Suite 3b
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July 18, 2024

Mr. Michel Louviot
rue de Larrieu
Bordeaux, 65418

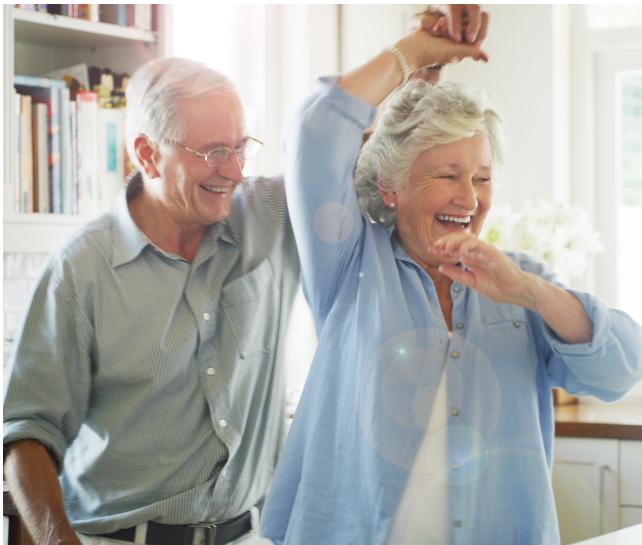
Dear Mr. Louviot,

We are pleased that you are using Emerald Insura services. I am certain that your trust in us is well placed. To make sure you are up to date with all relevant information, I am attaching your insurance contract details and other relevant documents. Please review all documents related to your insurance plan carefully. If there is anything we can do to make your Emerald Insura experience more pleasant, please let us know. I am sure we will be able to accommodate all your needs.

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- Lifetime level premiums
- Lifetime coverage



Please make sure that this information is correct.

If you need any assistance, do not hesitate to call Emerald Insura at 602-630-6730.

Warmly,

A handwritten signature in blue ink that reads "Dianne Thomson".

Dianne Thomson
Email: d.thomson@emeraldinsura.com
Toll Free: +1154456679
Cell: +123454784



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Life Insurance

Here is some basic information about your total coverage:

CONTACT INFORMATION

ACCOUNT NUMBER	123 456 789
POLICY NUMBER	123 456 789-1

Your Plan

YEARS: 35
MONTHLY PAYMENT: \$63.06
TOTAL COVERAGE: \$428,370.00
EXPIRATION DATE: December 1, 2021

Details

You provided us with the following personal information:

APPLICANT INFORMATION

APPLICANT NAME	Mr. Michel Louviot
DATE OF BIRTH	August 14, 1979
ADDRESS	de rue, Bordeaux, 65418
PHONE	420123456789
EMAIL	m.moravec@quadient.com

COVERAGE

INSURANCE FOR ACCIDENTAL DEATH	\$428,370.00
INSURANCE AGAINST DEATH FROM ANY CASE	\$55,688.10
PERMANENT DISABILITY INSURANCE	\$389,816.70
DAILY COMPENSATION – INJURY	\$22.61
HOSPITALIZATION – INSURANCE ACCIDENT/SICKNESS	\$22.61

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