



Policy Holder: Laith Fletcher
Policy #: FLE498JRVKK8MJ

Effective Coverage Dates: 03 January 2016 - 02 July 2030 P.O. Box 809, 1497 Et, St. Huntly, North Island 6224

Policy Amount: \$47,260.00 Deductible: \$250.00 Out of Pocket Max: \$1,000.00

DEPENDENTS

You have no dependents to list.

1/0 03 January 2016