



Contoso Insurance

Policy Holder:	Leandra Coffey
Policy #:	COF451LT3W88L5
Effective Coverage Dates:	22 June 2014 - 24 June 2025
Address:	Ap #971-3361 Egestas Avenue Manukau, North Island 8298
Policy Amount:	\$19,535.00
Deductible:	\$500.00
Out of Pocket Max:	\$2,000.00

DEPENDENTS

You have no dependents to list.