



# Contoso Insurance

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|---------------------------|--|
| Policy Holder:            | Shea Gallagher   |
| Policy #:                 | GAL519Q1I797VY   |
| Effective Coverage Dates: | 11 February 2009 - 11 October 2026                     |
| Address:                  | P.O. Box 996, 2315 Dolor. Rd.<br>Invercargill, SI 9299 |
| Policy Amount:            | \$17,762.00  |
| Deductible:               | \$1,000.00   |
| Out of Pocket Max:        | \$3,000.00   |

#### DEPENDENTS

You have no dependents to list.