

Certificate of Insurance Template



Policy Information

Policy Number 864893

Date February 19, 2011

General Information

Policy Initial Owner / Applicant

Annaliese Michaels Davidovits

Gender of Applicant

Male

Civil Status of Applicant

Married

Residence Address of Applicant

18593 Mendota , 86848 Stoughton
Washington, District, 20525
United

Birthday of Applicant

January 16, 2002

Birthplace of Applicant

Vestibulum an

Age of the Applicant at issuance of policy

54

Email Address

ehindrick2@hexun.com

Name of Employer

Donec diam nequ

Nature of Business

Vestibul

Estimated Annual Income

546969

Home Phone

(100) 347-3938

Business Phone

(79) 786-7647

Mobile Phone

(79) 786-7647

Business Address

18593 Mendota P
Washin, Dist, 20525
United Stat

Information of the person's life insured

Name of Life Insured

Heriberto Williams Garnham

Gender of Insured

Female

Civil Status of Insured

Married

Residence Address of Insured

18593 Mendota , 86848
Washin, Distric, 2052
United Stat

Birthday of Insured

Wednesday, January 16,
2002

Birthplace of Insured

Donec diam

Age of the Insured at issuance of policy

86

Email Address

agillison1@cloudflare.com

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Name of Employer Donec diam ne	Nature of Business Vest	Estimated Annual Income 864893
Home Phone (79) 786-7647	Business Phone (79) 786-7647	Mobile Phone (48) 645-9072
Business Address 44 Artisan Pla, 5 Truax Place Aiken, So, 29805 United		

Policy Details

Effectivity Date Sunday, May 1, 1983	Maturity Date Sunday, May 1, 1983
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Beneficiary

Named Primary Beneficiary	Relationship	Revocable or irrevocable
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Named Secondary Beneficiary	Relationship	Revocable or irrevocable
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Summary of benefits payable

Basic Benefit Premium	25120
Accidental Death	864
Total Disability	251
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Total Annual Premium Payable	4077

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Acknowledgement

I acknowledge that I have applied with Signature Insurance, Inc. for an Insurance Policy and have reviewed the provisions showing how a life insurance policy performs using the company's assumptions based on the Insurance Commissioner's guidelines on interest rates.

I likewise understand that the performance of fund may vary, the values of my units are not guaranteed and will depend on the actual performance of a given period. The value of my policy could be less than the premiums paid. I understand that the risks of investment under this policy shall be borne by me, as the policy owner.

Name of Applicant

Aveline Michaels Klosges

Date signed

Saturday, February 19, 2011

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Provisions

The Contract

The proposals, the application form, any endorsements and amendments agreed upon in writing after this policy is issued shall constitute the entire Contract. The benefits payable shall be based on the performance of the investment funds chosen by you.

Effectivity

The effectivity of this policy initiates upon the initial payment of its Premium and the delivery of the Policy to the Owner while the Insured is in good health.

Currency and Place of Payment

All amounts payable either to or by us will be in the currency specified in the Policy details. Acceptance of placement of payments shall be at any of our offices or such other location as determined by us from time to time

Incontestability

After two years from the time of effectivity or from last reinstatement of the contract, the said contract shall be incontestable except for non-payment of Premium and Insurance Charges or any other ground recognized by law.

Suicide

No liability shall be borne by the Company if in case the life insured dies by suicide. However, if the death by suicide happens in the state of insanity, the life insured shall be compensated regardless of the date of the commission, within the period of effectivity of this Policy.

In case the death benefit is not payable, the liability of the Company shall be limited to:

1. The Basic Premium
2. The value of the account based on the Unit price of the relevant fund, not including bonuses.
3. Premiums paid under any part of the Contract for which the benefit of death is not payable.

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SIGNATURE INSURANCE
WE SECURE YOUR FUTURE

Beneficiaries

The assigned or named beneficiaries shall be as named or assigned in the application.

The benefit proceeds are payable to the Beneficiaries named, or in his absence, the Contingents. In cas no beneficiary is indicated, the benefit proceeds shall be payable to the life insured, if living, or to his estate.

Separability Clause

Should any provision of this Contract be held invalid by any competent court, the same shall apply only to the provision involved and the remaining provisions hereto shall remain valid and enforceable.

Agreement Modification

No modification or alteration of this Contract shall be considered as having been made unless executed in writing and duly signed by the parties hereto.

Signature of President

Signature of Corporate Secretary
