| ☐ CR Records Printed ☐ Entered into VBA | | | | | Contract Record | | | | | | | | | | | |
|---|------------|-----------|------------|---|--|--|-----------|--|---|--------------------|-----------------|--|---|----------------|-----------|-------------|
| insurance services 4200 Mapleshade Ln Ste 200 Plano,Texas 75093, USA (866) INSUBUY or (972) 985-4400 info@insubuy.com | | | | | Currency: US Data Date: 01/02/2024 | | | | | | | | | | | |
| Contract Note: | | | | | | POL | ICY NU | MBEI | R: 691802 | 2206120 | | | Alan | Yi | | |
| Date of Departure: Type of Contract: Agent: Original Start Date: Current Period starts: Renewed: | | | | Essen Chao 01/01 | 01/01/2024 Essential America Chao Lu (141bb2d4) 01/01/2024 01/01/2024 | | | | Date of Contract: Terminated: Cancelled: Policy status: Renewal Date: | | | | 01/02/2024 N/A N/A Active N/A | | | |
| Policy Details: | | | | | | | | | | | | | | | | |
| Policy Holder: Name: Address: City: Country of Residence: Tel: Tel 2: Email: Country of Citizenship: | | | | 21-60 v7c 5 ₁ Canac 77891 ziyijir | Alan Yunlin Yi 21-6000 Barnard Drive v7c 5p7 - Richmond Canada 7789187277 ziyijing0112@outlook.com United States | | | Date of birth: Age: State: Country of Nationality: Client Login Id: Destination Country: Sports Coverage: Deductible Amount: | | | : | 12/03/2023 0 British Columbia United States a2f82bff Canada No \$ 250.00 | | | | |
| Insured Persons [Or | iginal Inf | ormation | ı] : | | | | | | | | | | | | | |
| Name | (| Gender | DoB | Age | ID Type | Date From | Range | Days | Rate | Dental Rider | Sports Rider | Maternity Rider | Height/Weight Rider | Smoke Rider | Gross | UHC ID |
| Alan Yunlin Yi | | M | 12/03/2023 | < 1 | Passport [A25095069] | 01/01/2024 | 0-9 | 364 | 931 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 0 % | 0 % | \$ 931.00 | 69180220612 |
| | | | | | | No B | eneficiar | ies for | this polic | у. | | | | | | |
| | | | | | | | | | | | | | | | | |
| Insured Persons [En | dorsemei | nt Inform | ation]: | | | | | | | | | | | | | |
| Name | Gende | r DoB | Age | ID Type | Date From | Range Days | Rate He | ight/V Ride | | noke Gros Sider | s Notes | | | | | |
| | | | | | | Enc | dorseme | nt Info | ormation n | ot found. | | | | | | |
| Premium: | | | | | | | | | | | | | | | | |
| Coverage Limit: State Tax: % Net Premium: Mail Amount Premium: | | | | \$ 500000 \$ 0.0 \$ 1,117.2 \$ 0.0 \$ 1,117.2 | 0 10 Instal 0 Premium 0 Actual E 0 O/U Pay | lments Due of n Paid to date: salance Due: | | | \$ 186 \$ 931 \$ 0 | 3.10 6.20 | | | | | | |
| Payment History: | | | | | | | | | | | | | | | | |

Card Type

MasterCard

Policy history not available.

Remarks not available.

Authorized By

Amount

\$ 186.20

Action

Remarks

Registration

Brief Desc

Date

01/02/2024

Edited Date

Policy History:

Remarks:

Method

Credit Card Payment

Edited By