C.A. Robinson Interest, Inc.	Currency: US
	Data Date: 01/03/2024

Contract Note:				POLICY NUMBER: 691802206210							Bethany Deer				
Date of Departure: Type of Contract: Agent: Original Start Date:	e of Contract: nt: ginal Start Date: rent Period starts:			01/02/2024 Essential America Craig Robinson (052a7fe0) 01/02/2024					Date of Contract: Terminated: Cancelled:				01/03/2024 N/A N/A		
Renewed:				01/02/2024 No				Policy status: Renewal Date:				Active N/A			
Policy Details:															
Policy Holder: Name: Address: City: Country of Residence: Tel: Tel 2: Email:			72 ca L4N Cana (705	any Irene Deer rimson ridge road 0G7 - barrie ontai da ) 717-8187 any@embroideryl	rio		; ;	Client Log Destinatio Sports Co	f Nationality: ;in Id: n Country: verage:			10/26/1990 33 Ontario Canada 89f38988 Costa Rica No			
Country of Citizenship:			Cana	nda				Deductible	e Amount:			\$ 1,000.00			
Country of Citizenship:  Insured Persons [Original		,													
Country of Citizenship:	Informatio Gender	,	Cana Age	ID Type	Date From	Range		Deductible Rate	Dental Rider	Sports Rider	Maternity Rider	\$ 1,000.00  Height/Weight Rider	Smoke Rider	Gross	UHC ID
Country of Citizenship:  Insured Persons [Original		,	Age		Date From 01/02/2024				Dental			Height/Weight			
Country of Citizenship:  Insured Persons [Original Name	Gender	DoB	Age	ID Type Passport		30-34	Days	Rate	Dental Rider	Rider	Rider	Height/Weight Rider	Rider	\$ 1,947.00	6918022062
Country of Citizenship:  Insured Persons [Original Name  Bethany Irene Deer	<b>Gender</b> F	<b>DoB</b> 10/26/1990	Age 33 33	ID Type  Passport [HM197247]  Passport	01/02/2024	30-34 30-34	Days 364	Rate 1947	Dental Rider \$ 0.00	<b>Rider</b> \$ 0.00	<b>Rider</b> \$ 0.00	Height/Weight Rider 0 %	Rider 0 %	\$ 1,947.00	6918022062 6918022063
Country of Citizenship:  Insured Persons [Original Name  Bethany Irene Deer  Travis Baumer	Gender F M	<b>DoB</b> 10/26/1990 09/04/1990	Age 33 33 7	ID Type  Passport [HM197247] Passport [HM197240] Passport	01/02/2024 01/02/2024	30-34 30-34 0-0	Days 364 364	Rate 1947 1195	Dental Rider \$ 0.00 \$ 0.00	**Rider	**Rider	Height/Weight Rider 0 % 15%	0 % 0 %	\$ 1,947.00 \$ 1,374.25	6918022062 6918022063 6918022063
Insured Persons [Original Name  Bethany Irene Deer  Travis Baumer  Noah Deer Baumer	Gender F M M	<b>DoB</b> 10/26/1990 09/04/1990 10/11/2016	33 33 7 4	ID Type  Passport [HM197247] Passport [HM197240] Passport [AM727538] Passport	01/02/2024 01/02/2024 01/02/2024	30-34 30-34 0-0 0-0	Days 364 364 364	Rate 1947 1195	Dental Rider \$ 0.00 \$ 0.00	**Rider	\$ 0.00 \$ 0.00 \$ 0.00	Height/Weight Rider 0 % 15% 0%	Rider 0 % 0 % 0 %	\$ 1,947.00 \$ 1,374.25 \$ 0.00	69180220634 69180220634 69180220634
Insured Persons [Original Name  Bethany Irene Deer  Travis Baumer  Noah Deer Baumer  Eli Baumer	F M M M	DoB 10/26/1990 09/04/1990 10/11/2016 01/27/2019	33 33 7 4	Passport [HM197247] Passport [HM197240] Passport [AM727538] Passport [P230013QS] Passport	01/02/2024 01/02/2024 01/02/2024 01/02/2024	30-34 30-34 0-0 0-0	Days 364 364 364 364	Rate 1947 1195 0	Dental Rider \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	**Rider	Height/Weight Rider 0 % 15% 0%	Rider 0 % 0 % 0 % 0 %	\$ 1,947.00 \$ 1,374.25 \$ 0.00 \$ 0.00	UHC ID 69180220634 69180220634 69180220634 69180220634

Insured Persons [El	idorsement	mormat	1011]:							
Name	Gender	DoB	Age	ID Type	Date From Range Days	Rate Height/Weight Rider	Smoke Rider	Gross	Notes	
					Enc	dorsement Information	on not four	nd.		
Premium:										
Coverage Limit: State Tax: % Net Premium: Mail Amount Premium:				\$ 5000000 \$ 0.00 \$ 3,968.25 \$ 0.00 \$ 3,968.25	Single Deposit: Installments Due of: Premium Paid to date: Actual Balance Due: O/U Payments: Cancellation Charges:	\$ 3,96 \$ \$	0.00			
Payment History:										
Date			N	Method		Card Type			Amount	Remarks
01/03/2024		(	Credit (	Card Paymen		MasterCard			\$ 3,968.25	Registration
Policy History:										
Edited Date		]	Edited	Ву	Au	thorized By		Actio	on	Brief Desc
		Policy history not available.								
Remarks:										
						Remarks not ava	ilable.			