01/22/2024

Policy History: **Edited Date**

Remarks:

Credit Card Payment

Edited By

☐ CR Records Printed	☐ Enter	red into VBA			Contr	act Reco	ord								
Azimuth Risk Solutions					ency: US Date: 01/22/2	0024									
Contract Note:	POLICY NUMBER: 691802207213										Samuel Hull				
Date of Departure: Type of Contract: Agent: Original Start Date: Current Period starts: Renewed:			Ess AR 02/ 02/	02/04/2024 Essential America ARS Default (azimuth) 02/04/2024 02/04/2024 No			Date of Contract: Terminated: Cancelled: Policy status: Renewal Date:					01/22/2024 N/A N/A Active N/A			
Policy Details:															
Policy Holder: Name: Address: City: Country of Residence: Tel: Tel 2: Email: Country of Citizenship:			Samuel Warren Hull 16 Hwy 72 E 29620 - Abbeville United States 8645540543 hullstoalbania@gmail.com United States				Date of birth: Age: State: Country of Nationality: Client Login Id: Destination Country: Sports Coverage: Deductible Amount:				07/12/1994 29 South Carolina United States 3a20e387 Albania,Greece No \$ 1,000.00				
Insured Persons [Original]	Informatio	on] :													
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
Samuel Warren Hull	M	07/12/1994	29	SSN [248952618]	02/04/2024	25-29	364	1091	\$ 0.00	\$ 0.00	\$ 0.00	30 %	0 %	\$ 1,418.30	6918022072
Audrey Hull	F	10/21/1998	25	SSN [655052407]	02/04/2024	25-29	364	1809	\$ 0.00	\$ 0.00	\$ 0.00	0%	0 %	\$ 1,809.00	6918022074
Warren Hull	M	02/22/2022	1	SSN [112552878]	02/04/2024	0-0	364	0	\$ 0.00	\$ 0.00	\$ 0.00	0%	0 %	\$ 0.00	6918022074
Shepherd Hull	M	09/13/2023	< 1	SSN [787047930]	02/04/2024	0-0	364	0	\$ 0.00	\$ 0.00	\$ 0.00	0%	0 %	\$ 0.00	6918022074
Insured Persons [Endorsen	aont Inform	mation1:													
Name Gene			D Ty	pe Date From F	Range Days	Rate He	eight/W Ride		noke Gross ider	Notes					
					En	dorseme	nt Info	rmation n	ot found.						
Premium:															
Coverage Limit: State Tax: % Net Premium: Mail Amount Premium:	\$ 5000000 Single Deposit: \$ 0.00 1 10 Installments \$ 3,872.76 Premium Paid \$ 0.00 Actual Balance \$ 3,872.76 O/U Payments: Cancellation Cl			ents Due of: aid to date: ance Due: nts:	\$ 645.46 \$ 322.73 \$ 645.46 \$ 3,227.30 \$ 0.00 \$ 0.00										
Payment History:															
Date	Method						Card	Type			Amount	nt Remarks			

Visa

Policy history not available.

Remarks not available.

Authorized By

\$ 645.46

Action

Registration

Brief Desc