Currency: US Data Date: 01/31/2024	_
Date of Departure:	
Type of Contract: Essential America Terminated: N/A Agent: Bob Jankovics (c4bb9312) Cancelled: N/A Original Start Date: 02/01/2024 Folicy status: Active Renewed: No Renewal Date: N/A Policy Details: Policy Holder: Name: JOHN P CASTINEIRAS Date of birth: 10/09/1970 Address: 94 HARRISON ST Age: 53 City: 06052 - NEW BRITAIN State: Connecticut Country of Residence: United States Country of Nationality: United States Tel: 4699961252 Client Login Id: ccc8607a	
Policy Holder: Name:	
Name: JOHN P CASTINEIRAS Date of birth: 10/09/1970 Address: 94 HARRISON ST Age: 53 City: 06052 - NEW BRITAIN State: Connecticut Country of Residence: United States Country of Nationality: United States Tel: 4699961252 Client Login Id: ccc8607a	
Email: johncastineiras@gmail.com Sports Coverage: No Country of Citizenship: United States Deductible Amount: \$1,000.00	
Insured Persons [Original Information]:	
Name Gender DoB Age ID Type Date From Range Days Rate Dental Sports Maternity Height/Weight Smoke Gross Rider Rider Rider Rider Rider	UHC
JOHN P CASTINEIRAS M 10/09/1970 53 Passport 02/01/2024 50-54 364 2322 \$ 0.00 \$ 0.00 \$ 0.00 0 % 0 % \$ 2,322.0	0 69180220
KELLI CASTINEIRAS F 09/14/1972 51 Passport 02/01/2024 50-54 364 2597 \$ 0.00 \$ 0.00 \$ 0.00 0% 0 % \$ 2,597.0	0 69180220
HANNAH CASTINEIRAS F 03/27/2000 23 Passport 02/01/2024 19-24 364 1604 \$ 0.00 \$ 0.00 \$ 0.00 0% 0 % \$ 1,604.0 [545910617]	0 69180220
LUCAS CASTINEIRAS M 12/16/2005 18 Passport 02/01/2024 10-18 364 711 \$0.00 \$0.00 \$0.00 0% 0 % \$711.00 [545910621]	69180220
NICHOLAS CASTINEIRAS M 06/28/2008 15 Passport 02/01/2024 10-18 364 711 \$0.00 \$0.00 \$0.00 0% 0 % \$711.00 [545910620]	69180220
Insured Persons [Endorsement Information] :	
Name Gender DoB Age ID Type Date From Range Days Rate Height/Weight Smoke Gross Notes	
Rider Rider	
Endorsement Information not found.	
Premium:	

	idorocinent i									
Name	Gender DoB Age ID Type				Date From Range Day	s Rate Height/Weight Rider	Smoke Rider	Gross	Notes	
Endorsement Information not found.										
Premium:										
Coverage Limit: State Tax: % Net Premium: Mail Amount Premium:	\$ 5000000 \$ 0.00 \$ 7,945.00 \$ 0.00 \$ 7,945.00				Single Deposit: Installments Due of: Premium Paid to date: Actual Balance Due: O/U Payments: Cancellation Charges:	\$ 7,945.00 \$ 0.00 \$ 7,945.00 \$ 0.00 \$ 0.00				
Payment History:										
Date	Method					Card Type			Amount	Remarks
01/31/2024	Credit Card Payment				nt	MasterCard			\$ 7,945.00	Registration
Policy History:										
Edited Date]	Edited	Ву	A	Authorized By		Actio	on	Brief Desc
						Policy history no	available	è.		
Remarks:										
						Remarks not avai	lable.			