

Nominee



SIGNATURE INSURANCE
WE SECURE YOUR FUTURE

Award information

Nominee Name

Suspendisse potenti.

Certificate of Insurance Template



Name of Employer Suspendisse potenti.	Nature of Business Suspendisse potenti.	Estimated Annual Income Suspendisse potenti.
Home Phone +62 (58) 850-8796	Business Phone +62 (58) 850-8796	Mobile Phone +62 (58) 850-8796
Business Address 890 Loftsgordon Alley, 64739 Maryland Circle Minneapolis, Minnesota, 55470 United States		

Policy Details

Effectivity Date Friday, March 3, 1950	Maturity Date Friday, March 3, 1950
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Beneficiary

Named Primary Beneficiary Elicia De Michele	Relationship Suspendisse potenti.	Revocable or irrevocable Option 3
Named Secondary Beneficiary Elicia De Michele	Relationship Suspendisse potenti.	Revocable or irrevocable Option 3

Summary of benefits payable

Basic Benefit Premium	Suspendisse potenti.
Accidental Death	Suspendisse potenti.
Total Disability	Suspendisse potenti.
Total Annual Premium Payable	2403

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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

Elicia Morbi non quam nec dui luctus rutrum.
Nulla tellus. In sagittis dui vel nisl. De Michele

Date signed

Friday, March 3, 1950

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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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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
