## American Bankers Insurance Company of Florida

## A Stock Insurance Company

# 11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

## For questions or to report a claim, please call (800)789-2720

## IDENTITY FRAUD

## CERTIFICATE DECLARATIONS PAGE

Certificate Number:\_\_\_\_<INSERT>\_\_\_\_\_

Master Policy Number:\_**IFS-31-TX-1**\_\_

Certificate Holder Name and Mailing Address:

<INSERT>

Master Policyholder Name and Mailing Address:

InfoArmor, Inc.

7350 N. Dobson Road, Suite 101

Scottsdale, AZ 85256

Policy Period: From \_\_\_\_\_\_<INSERT>\_\_\_\_\_\_\_To: Continuous Until Cancelled

 12:01 a.m. standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all terms of this Certificate, **we** agree with the **Master** **Policyholder** to provide Insurance as stated in this Certificate.

|  |  |
| --- | --- |
| **Coverage/Deductible** | **Aggregate Limit** **of Liability** |
| LIMITS OF INSURANCE – ***Allstate Identity Protection Essentials*** |
| Expense Reimbursement | $1,000,000 per Single/Family Membership per 12 Month Period  |
| Cash Recovery Aggregate | $50,000 (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability) |

LIMITS OF INSURANCE – ***Allstate Identity Protection Premier***

|  |  |
| --- | --- |
| Expense Reimbursement | $1,000,000 per Single/Family Membership per 12 Month Period  |
| Cash Recovery Aggregate | $500,000 (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability) |
| Investment & Health Savings Accounts Cash Recovery | $50,000 Sublimit (Sublimit is part of and not in addition to Expense Reimbursement Aggregate Limit of Liability) |
|  |  |
|  |  |
| Association Member Deductible: | $0 |
|  |
| **Premium: Paid by Policyholder** |  |

Form Numbers of Coverage Forms, Endorsements and other forms that are part of this Certificate.

IFS0003C-1016 NT0078-0120 IFS0003E-0319 IFS0020E-0916 IFS0041E-0219