

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: Pro+ VAD - 2021
Master Policy Number: IFS-31-NY-1

Certificate Holder Name and Mailing Address:

N/A

Master Policyholder Name and Mailing Address:

InfoArmor, Inc.
7350 N. Dobson Rd., Suite 101
Scottsdale, AZ 85256

Policy Period: From 01/01/2021 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

Plan Type: Pro+ Member Single & Family Plans
Expense Reimbursement

\$2,000,000 per Single/Family Plan per 12 Month Period

Cash Recovery Aggregate

\$1,000,000 Sublimit per Family/Single membership per 12 month period. Sublimit is part of and not in addition to Expense Reimbursement Aggregate Limit of Liability

<Investment & Health Savings
Accounts Cash Recovery>

\$1,000,000 Sublimit per Family/Single membership per 12 month period. Sublimit is part of and not in addition to Expense Reimbursement Aggregate Limit of Liability

Association Member Deductible:

\$0

Premium: Paid by Policyholder

Certificate of Insurance - [IFS-31-NY-1 Certificate of Insurance With HSA Endorsement.pdf](#)

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

IFS0003C-1016 IFS0005E-1015 N8051-0415 IFS0025E-0317 IFS0020E-0916 <IFS0046E-0419>