

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+ Cyber VAD - 2022**
Master Policy Number: **IFS-31-TX-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 01/01/2022 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+ Cyber VAD Single & Family Plan	
Expense Reimbursement	\$2,000,000 per Single/Family membership per 12 Month Period
Cash Recovery Aggregate	\$1,000,000 Sublimit per Single/Family 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-TX-1 Certificate 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 IFS0041E-0219