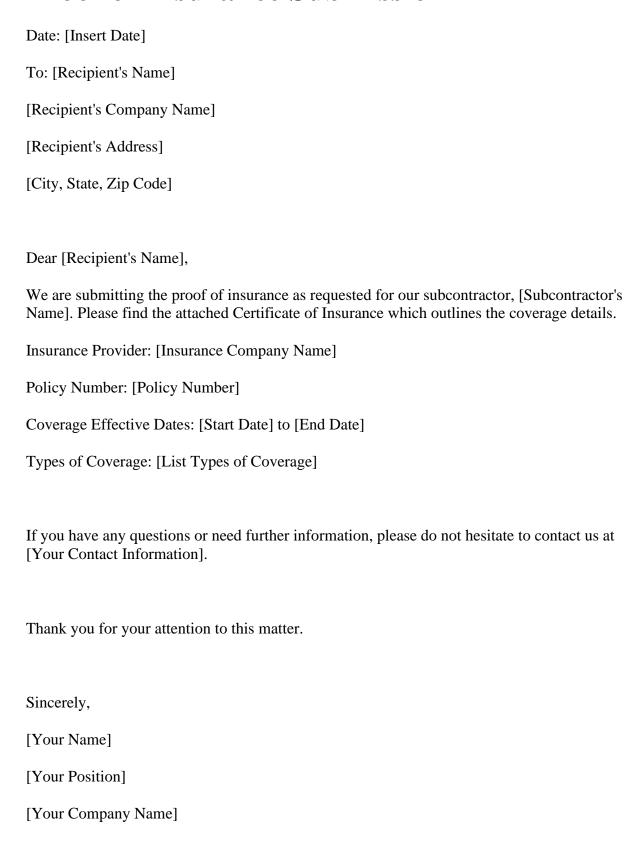
Proof of Insurance Submission



[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]