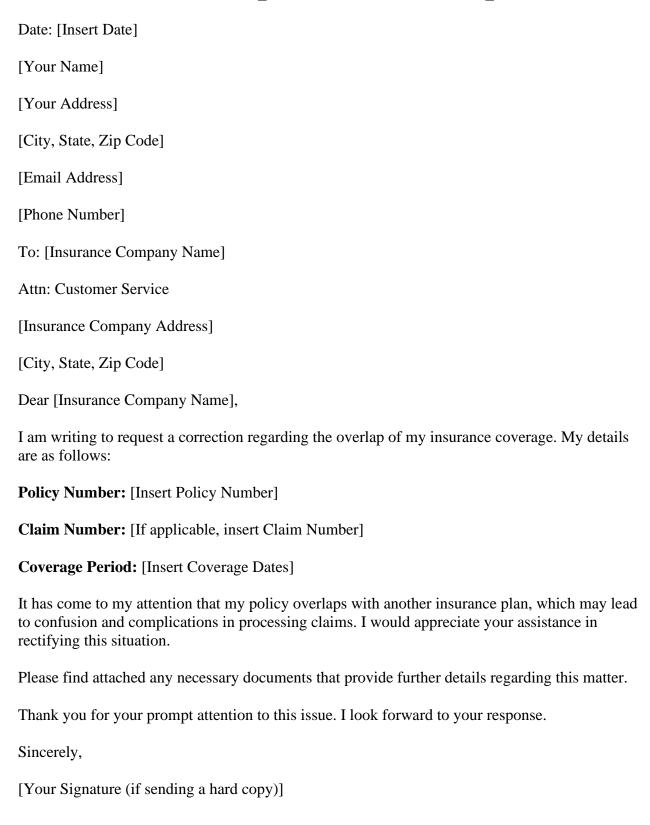
Insurance Overlap Correction Request



[Your Printed Name]