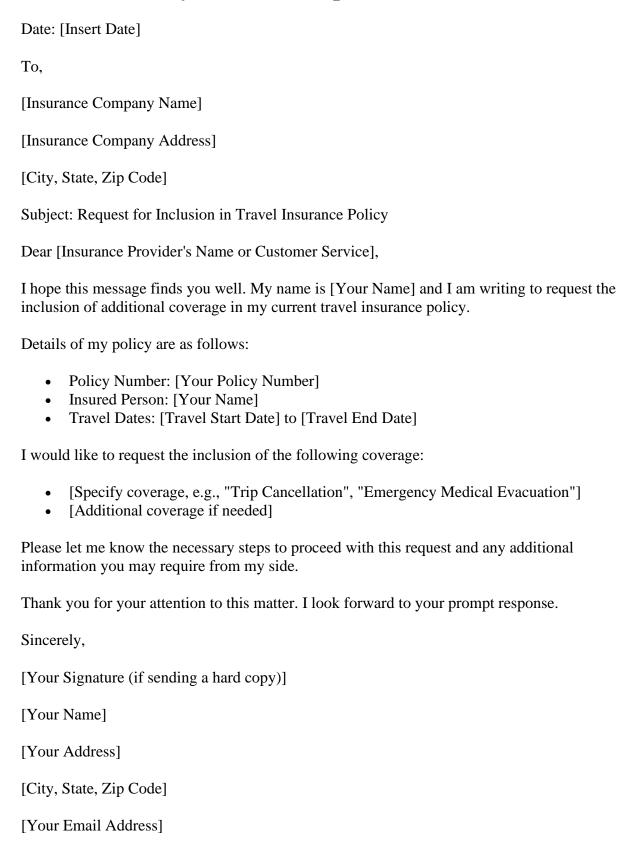
Insurance Policy Inclusion Request



[Your Phone Number]