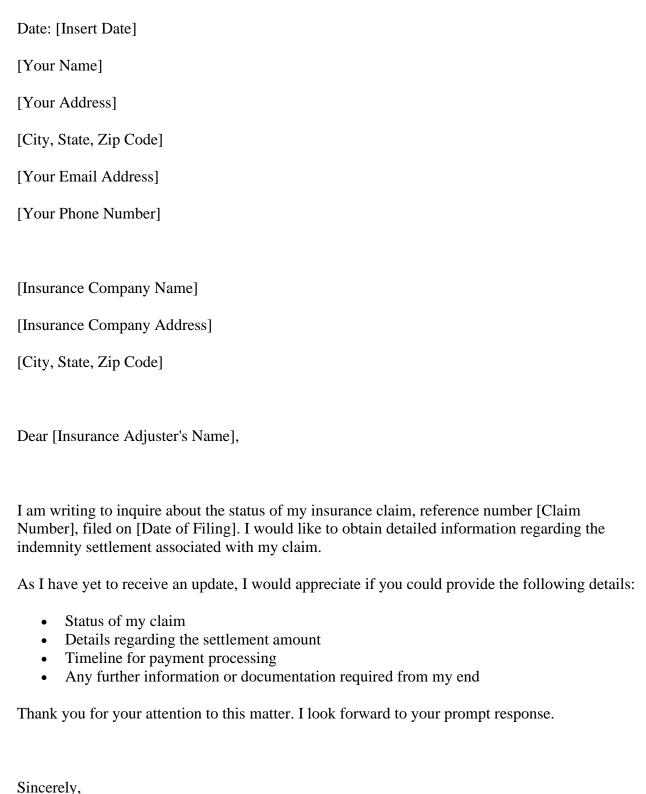
Insurance Indemnity Inquiry



[Your Name]