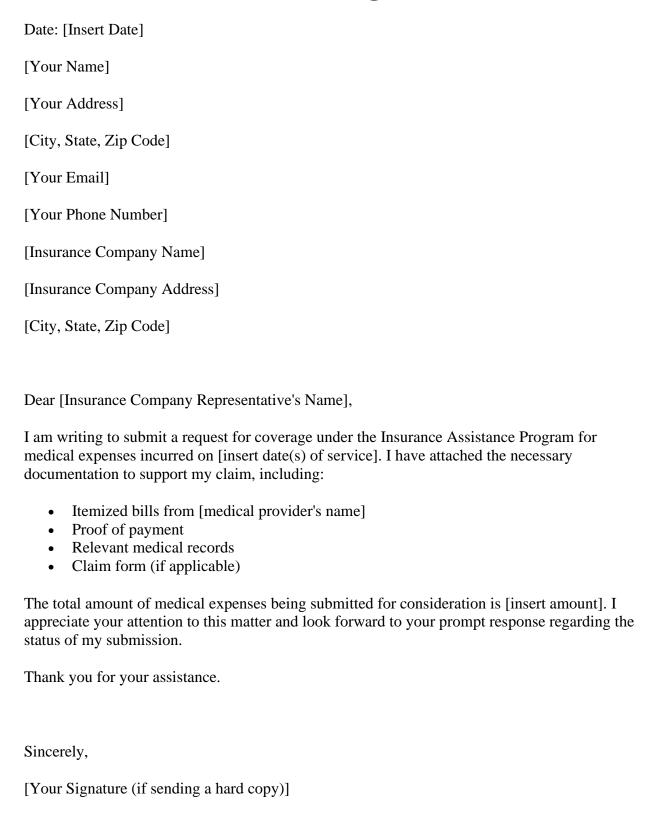
Insurance Assistance Program Submission



[Your Printed Name]