

# American Bankers Insurance Company of Florida

A Stock Insurance Company  
11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

**For questions or to report a claim, please call (800)789-2720**

## IDENTITY FRAUD CERTIFICATE DECLARATIONS PAGE

Certificate Number: Pro+ 2021  
Master Policy Number: IFS-31-NY-1

Certificate Holder Name and Mailing Address:

N/A

Master Policyholder Name and Mailing Address:

InfoArmor, Inc.  
7350 N. Dobson Rd., Suite 101  
Scottsdale, AZ 85256

Policy Period: From 01/01/2021 To: Continuous Until Cancelled  
12:01 a.m. standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all terms of this Certificate, **we** agree with the **Master Policyholder** to provide Insurance as stated in this Certificate.

### Coverage/Deductible

### Aggregate Limit of Liability

Plan Type: Pro+ Single & Family Plans  
Expense Reimbursement

\$1,000,000 per Single/Family Plan per 12 Month Period

Cash Recovery Aggregate

\$1,000,000 Sublimit per Family/Single membership per 12 month period. Sublimit is part of and not in addition to Expense Reimbursement Aggregate Limit of Liability

<Investment & Health Savings  
Accounts Cash Recovery>

\$1,000,000 Sublimit per Family/Single membership per 12 month period. Sublimit is part of and not in addition to Expense Reimbursement Aggregate Limit of Liability

Association Member Deductible:

\$0

### **Premium: Paid by Policyholder**

Certificate of Insurance: [IFS-31-NY-1 Certificate of Insurance With HSA Endorsement.pdf](#)

Form Numbers of Coverage Forms, Endorsements and other forms that are part of this Certificate.

IFS0003C-1016 IFS0005E-1015 N8051-0415 IFS0025E-0317 IFS0020E-0916 IFS0046E-0419