

# Insurance Policy Certificate

## Policy Schedule

### 1. Policyholder Details

Name of Policyholder	<input type="text"/>
Address	<input type="text"/>
Contact Number	<input type="text"/>
Email	<input type="text"/>

### 2. Policy Information

Policy Number	<input type="text"/>
Type of Insurance	<input type="text"/>
Effective Date	<input type="text"/>
Expiry Date	<input type="text"/>

### 3. Insured Details

Name of Insured	<input type="text"/>
Sum Insured	<input type="text"/>
Premium Amount	<input type="text"/>

### 4. Additional Information

Remarks	<input type="text"/>
Beneficiaries	<input type="text"/>

**Authorized Signature:**

Date:

**Insurer Stamp/Seal:**

Date: