

Policy Coverage Summary

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|-------------------|------------|
| Policy Number | 123456789 |
| Policyholder Name | John Doe |
| Effective Date | 2024-06-01 |
| Expiration Date | 2025-06-01 |

Coverage Details

| Coverage Type | Limit | Deductible |
|---------------|-----------|------------|
| Liability | \$100,000 | \$500 |
| Collision | \$50,000 | \$1,000 |
| Comprehensive | \$30,000 | \$500 |

Additional Notes