

Immediate Coverage Authorization

Date:

Policyholder Name:

Policy Number:

Effective Date of Coverage:

Coverage Details

Type of Coverage	Coverage Amount	Term
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorization

By signing below, you are authorizing immediate activation of the described coverage, subject to the terms and conditions of the issued policy.

Authorized Representative Name:

Signature:

Date: