

## Certificate of Insurance

PAYMENT PROTECTION INSURANCE

### Policy Information

This is to certify that the Named Insured has Payment Protection Insurance (PPI) with California Department of Insurance United States.

Policy No(s): P7399373

Policy Holder:

Named Insured:

Date of Commencement: 13<sup>th</sup> May, 2019

Date of Expiry: 14<sup>th</sup> April 2023

Sum Insured: \$25,000.00 USD (per occurrence and in the aggregate)

Insurance Premium: 1.0% of Total Loan Amount

Coverage Territory: United States

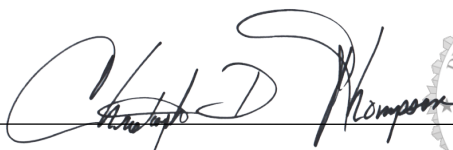
Conditions: CAIU38940

### Scope of Payment Protection Insurance

This is to certify that the above named POLICY HOLDER is a LOSS PAYEE under the policy listed above in effect for the specified period and insuring the above named POLICY HOLDER to the extent of their respective rights and interests as they may appear. This Insurance covers the insured interest against all risks of physical loss or physical damage but to subject to the conditions, exclusions, limitations and basis of settlement of the contract under the above POLICY NUMBER.

The above statements are summary of the insurance cover in force as at the date of this certificate (which insurance remains subject to the full terms, conditions and limits of the contract)

The certificate has been licensed by us solely in our capacity as agent of the insured. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or for any loss, damage or expenses thereby occasioned to any recipient of this insurance.



Authorized Signatory California department of Insurance