

POLICY DETAIL

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Text Message
Alerts! ¹



Policy / Contract	Company	Insured Name	Resident State	Issue State	Effective Date	Paid To Date	Policy Status
002W12588	Globe	CURTIS, JAMES	DC	DC	10/20/2010	11/20/2020	Active - Premium Paying

[ADDITIONAL POLICIES](#)

INSURED INFORMATION

Insured	Owner/Payer	Beneficiary/Applicant
CURTIS, JAMES DOB: 2/14/1973 Ph: 2027187796 Policy's Email Address:	Pay: CURTIS, JAMES 5030 1ST ST NW APT 301 WASHINGTON DC 20011 UPDATE ADDRESS	JAMES CURTIS SR CHANGE BENEFICIARY

POLICY TYPE AND COVERAGE

Coverage	Plan Description	Issued	Face Amount	Annual Premium	Semi-Annual Premium	Quarterly Premium	Monthly Premium
Base Policy	Group Step Rate Term	10/20/2010	\$5,000.00				
*BENEFIT COVERAGE WILL BE REDUCED IF THERE ARE OUTSTANDING LOANS							
Total				\$181.00	\$94.12	\$47.97	\$16.29

[PAY ONLINE](#)

PREMIUM HISTORY

Current Pay Type: Direct Bill

Date Processed	Amount Paid	No. Of Months Paid	Due Date
8/11/2020	\$47.47	3	8/20/2020
5/11/2020	\$47.47	3	5/20/2020
2/11/2020	\$47.47	3	2/20/2020

[\(Additional Premiums Paid\)](#)