

# INVOICE

[Insurance Company Name]  
[Digital Nomad Specialized Unit]  
[Business Address]  
[Tax ID / Registration Number]

INVOICE NUMBER [INV-0000]  
DATE OF ISSUE [Month DD, YYYY]  
POLICY ID [PN-88234-X]

INSURED NOMAD [Client Name]  
[Current Residence/Mailing Address]  
[Email Address]  
[Passport Number / ID]  
COVERAGE PERIOD [Start Date] to [End Date]  
TERRITORY [Worldwide / Excluding USA / etc.]

Description of Coverage	Premium Type	Amount
Comprehensive Travel Medical & Personal Liability	Monthly Subscription	[\$0.00]
Gadget & Electronics Rider (Laptops/Cameras)	Add-on	[\$0.00]
Extreme Sports & Adventure Cover	Optional Add-on	[\$0.00]

**Subtotal: \$[0.00]**

**Taxes/Levies: \$[0.00]**

**Total Amount Due: \$[0.00]**

PAYMENT STATUS

[PAID / PENDING]

**PAYMENT METHOD**

[Credit Card / Stripe / Crypto / Wire Transfer]

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This document serves as a confirmation of insurance premium payment for digital nomad coverage. Please retain this for your tax records. For 24/7 emergency assistance, contact: [Emergency Phone Number].