

[BROKERAGE NAME]

BESPOKE GLOBAL PROTECTION

INVOICE
#[0000]
[Date]

CLIENT

[Client Name]
[Client Address]
[Passport Number / ID]

POLICY OVERVIEW

Policy Type: [e.g. Concierge Annual Multi-Trip]
Coverage Period: [Start Date] - [End Date]
Underwriter: [Carrier Name]

DESCRIPTION OF COVERAGE

PREMIUM AMOUNT

[Tier Name] Luxury Travel Protection Plan Emergency Medical, Evacuation & Trip Cancellation	\$0.00
Bespoke Concierge Rider 24/7 Global Lifestyle Assistance	\$0.00
Administrative & Brokerage Fees	\$0.00

Subtotal: \$0.00

Tax / Levies: \$0.00

Total Balance Due: \$0.00 USD

PAYMENT TERMS

Payment is due within [X] days. Coverage is contingent upon receipt of cleared funds.
Wire Transfer / Credit Card / Private Banking Transfer Accepted.

[Brokerage Address] | [Website URL] | [License Number]