

# TRAVELGUARD BROKERAGE

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London, EC1A 1BB  
United Kingdom  
contact@travelguard-brokerage.com

## INVOICE

**Invoice #:** [000000]  
**Date:** [Date]  
**Policy Number:** [Policy #]

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### CLIENT DETAILS

**[Client Full Name]**  
[Address Line 1]  
[City, State, Zip]  
[Email Address]

### TRIP INFORMATION

**Destination:** [Destination]  
**Departure:** [Date]  
**Return:** [Date]  
**Underwriter:** [Insurer Name]

Description of Coverage	Insured Parties	Amount
[e.g. Comprehensive Travel Medical & Trip Cancellation]	[Name(s)]	\$0.00
[e.g. Optional Rider: Extreme Sports Coverage]	[Name(s)]	\$0.00

Description of Coverage	Insured Parties	Amount
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Brokerage Administration Fee	-	\$0.00
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**Subtotal: \$0.00**  
**Insurance Premium Tax: \$0.00**  
**Total Due: \$0.00**

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**Payment Terms:** Please remit payment within 15 days of invoice date. Coverage is subject to the terms and conditions outlined in the Policy Wording document provided.

TravelGuard Brokerage is authorized and regulated by the Financial Conduct Authority (FCA).