



Request for Reimbursement

Portland Raindrops

EXHIBIT 2

Make Check payable to

Act Insurance

Address

(If Check is to be mailed)

301 E. Fourth Street, 25 S
Cincinnati, OH 45202

Budget Category Number	Committee to be Charged	Reason for purchase	Purchased From (Must attach Receipt for all reimbursements)	Amount to be Paid
52326	Hospitality	Event Insurance Policy PLE860914	ACT Ins	\$279.00
		Certificate Number AA219530		
		Effective Date 2-4-2023		
			TOTAL	<u>279</u>

Submitted by:

Georgia Magarrell - VP

Date: 1-26-2023

279
[Signature]

Must be signed by the President, Vice President or Secretary prior to submission to the treasurer.

If over \$100.00 Committee Chair Approval Georgia Magarrell Date: _____

Executive Committee Member Approval [Signature] Date: 1/26/2023

Paid by Check No. Credit Card Amount Paid \$279.00 Date 1-23-2023 Initials GSM

To submit by mail send to current Raindrop chapter president or email presidentraindrop@gmail.com



M Jane Smtih <smithmjgw@gmail.com>

Fwd: Your Policy Purchase is Confirmed!

Georgia <georrog@aol.com>

Mon, Jan 23 at 1:15 PM

Reply-To: Georgia <georrog@aol.com>

To: smithmjgw@gmail.com <smithmjgw@gmail.com>

Geo Magarrell

-----Original Message-----

From: ACT Insurance <info@actinsurance.com>

To: georrog@aol.com

Sent: Mon, Jan 23, 2023 1:11 pm

Subject: Your Policy Purchase is Confirmed!





Hi Georgia Magarrell,

You've made a smart decision by taking the necessary steps to further protect your business with insurance. We know that you had a lot of choices for your insurance needs, and we are happy that you chose us. We promise to do everything we can to honor the trust you have given us.

Policy #	PLE860914-AA219530
Policy Type	Annual Policy
Insured's Name	Raindrop Decorative Painters of Portland
Effective Date	02/04/2023
Expires On	02/04/2024

Total amount

\$279

Below you will find all of your policy documents, which you can print or save to your computer. You can also find these documents by logging in to your ACT account.

- Proof of Insurance
- Insurance Card (Display)
- Insurance Card (Wallet)
- Online application form
- Liability Policy

0

Your policy application may be subject to review by our underwriting team to verify that the business operation, product, and/or service meet the eligibility guidelines established for the program.

In the event we need further clarification to determine eligibility, we will contact you via email at the email address used to establish your account.

If an account is found to be ineligible during the underwriting period, the policy will be subject to immediate cancellation and a full refund will be issued. After the underwriting period, the premium is 100 percent earned and no refunds will be given.

Ok, now that the disclaimer business is over, just a few more highlights:

- We have worked hard to ensure that our customers have a hassle-free experience when it comes to their insurance. This

[link](#) will take you to your account dashboard where you can:

- View and print your insurance policy documents
- View or edit your personal information
- Add additional insureds
- Manage your policy
- Contact us for any reason.

OK, that's about it. Once again we want to thank you for purchasing an ACT Insurance policy. Please contact our customer service representatives if you have any questions. You can call us at 844-520-6991 or email us at info@actinsurance.com.

Regards,
The ACT Team

[Preferences](#)

[Unsubscribe](#)

[Email preferences](#)

[About](#)

[About us](#)

[Contact us](#)

[Contact us](#)

ACT Insurance

260 South 2500 West Suite
300

Pleasant Grove UT 84062

P: 844-520-6991

info@actinsurance.com

Copyright © actinsurance.com, All rights reserved

