RSI System Updated 2026/9/28 BJ.

MICHAEL ARCHER
LOT 191 WEST MINISTER
PARFAITE HARMONY
WEST BANK DEMERARA

Ref: 2026/9/24
Amt 9000
Fee 41518.

AIH.

501-2611
690-5512
625-3661

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED
30/31 REGENT & HINCKS STREETS, ROBBSTOWN, GEORGETOWN.
P. O. Box 10607 Telephone No: 226-5885-8 Fax: 226-5880

Called all # twice, no answer
y Michael return a call adv he goes/will visit office in new week 29/9/17.

RENEWAL NOTICE

Dear Customer

We wish to remind you that your policy will become due for renewal on the date shown below. If it is your intention to renew policy, kindly let us have your instructions along with your remittance on or before the duedate.

Policy Number	10M005362	Gross Premium	$18,000
Insured	(see above)	Less Discount(s)	
Vehicle Number	PTT3600	50.0 % NCD	$9,000
Renewal Period	2026/09/27 to 2027/03/26	% Fleet	
Sum Insured	$800,000	% Fire	
Excess	$36,000	% Life	
Due Date	2026/09/27	% Staff	
Customer Number	ARCML02	Sub total	$9,000
Agent code	00006	Other benefits	
Premium Mode	SEMI-ANNUALLY	Please pay	$9,000

IMPORTANT

OUR TEMPORARY COVER NOTE when attached provides only **MINIMUM "ACT" INSURANCE** for fourteen days from the due date in the event you are unable to renew on time. The renewal premium must be paid within this period in order for you to benefit from this temporary cover. After payment, your original cover will be reinstated from the date of payment.
This Cover Note will not be effective if you obtain cover elsewhere or implies that you do not accept this offer.

Please present this notice at the time of renewal. Also advise us of any changes you would like to make to your cover, e.g. insured, type of cover, persons to drive, etc.

The Motor Vehicle Insurance (Third Party Risks) Act
Temporary Cover Note

Policy No: 10M005362 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PTT3600
2. Name of policyholder ARCHER, MICHAEL
3. Effective date of the commencement of Insurance for the purposes ACT 2026/09/27
4. Date of expiry of Insurance 2026/10/10
5. Person or class of persons entitled to drive: As per last Certificate of Insurance issued for this policy.
6. Limitations as to use: As per last Certificate of Insurance issued for this policy

I/WE hereby certify that this policy to which the Cover Note relates is issued in accordance with the Provisions of the above mentioned ACT.