



Colina Insurance Limited
308 East Bay Street
N-4728, Nassau, Bahamas

Notice of Contract

Pursuant to Section 147 of the Insurance Act, 2005

Notice is hereby given that by virtue of the execution of the Application for Life Insurance signed on September 25, 2014, plus the execution of any additional Application Amendment document(s), a contract was entered into October 22, 2014 between Atavus Group Limited of #9 Balfour Court, P.O. Box AP 59057, Golden Isles and Colina Insurance Limited ("the Company") located at 308 East Bay St., P.O. Box N-4728, Nassau, Bahamas.

Policy Number: 200069935

Annual Premium: \$12,587.20

Name of Policyowner(s): Atavus Group Limited

Summary of Coverage		
Covered Lives	Name of Coverage	Face Amount
Dominic Richards	Level Term To 65	\$3,000,000.00
Dominic Richards	AD&D	\$500,000.00

Please be advised that this notice does not substitute the policy contract and/or the information therein. This notice constitutes a synopsis of the details contained in the policy contract.

Pursuant to the Insurance Act, 2005, you may elect to cancel this policy within ten (10) days of receiving this notice. Should you desire to cancel this policy per the provisions of the Act, you are obliged to execute the Notice of Cancellation below, detach and return to Colina Insurance Limited at the address stipulated below for the attention of the Director of New Business & Underwriting.

Notice of Cancellation

Notice is hereby given that I, _____, on this _____ day of _____ in the year _____, wish to cancel my contract # _____ with Colina Insurance Limited, which came into effect on _____. I understand that Colina Insurance Limited will only be deemed to have received this notice once this form is hand delivered to and acknowledged by the Company.

Executed on (Date):
Executed by (Name):

Received on (Date):
Received by (Name):

Signed: _____

Signed: _____

		Receipt of 'Notice of Contract' and 'Contract'
Name of Policyowner Atavus Group Limited	Name of Primary Insured Dominic Richards	Policy No. 200069935
Issue Date October 22, 2014	Delivery Date (Within 7 days of Effective Date) October 29, 2014	Name of Sales Representative Kino McCartney
I hereby acknowledge delivery and receipt of the Notice of Contract and the Contract referenced above and confirm that the relevant terms and conditions have been fully explained to me. Dated at <u>Nassau, Bm</u> this <u>5th</u> day of <u>Nov</u> 20 <u>14</u> .		
Signature of Policyowner 		Signature of Sales Representative

Please return form by hand to:
Colina Insurance Limited
ATTN: Director of New Business & Underwriting
308 East Bay Street, Nassau, Bahamas