\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

Agent/Broker Name:

America, Inc.

Currency: US

Data Date: 01/13/2017

POLICY NUMBER: BG001030-23-08592f65 Contract Note:

Type of Contract: International Assurance

Graham Bates

Application Date:

01/13/2017 **Policy status:** Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries **Group/Team Leader Name:**

Cathi Ortiz

MAIL FORWARDING ADDRESS:

Address line 1:

City:

City:

563 E Pennsylvania Ave

Address line 2:

Texas

Postal code: 75790 **Country:**

State:

United States

Telephone home:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Van

Van

Address line 2:

Postal code:

75790

State: **Country:** Texas **United States**

Telephone home:

8006474589

Group / Team E-mail:

teams@nvm.org

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date	Term Date L	Deductible	Limit	Days	Rate	Sports	Premium	
Grace Westfall	F	06/06/1995	01/13/2017	01/23/2017	\$ 0.00	\$ 600000	11	2.02	No	\$ 22.22	
Gregory Talamo	M	09/16/1994	01/13/2017	01/23/2017	\$ 0.00	\$ 600000	11	2.02	No	\$ 22.22	
Barbra Westfall	F	08/11/1953	01/18/2017	01/23/2017	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12	

Total Policy Premium

\$ 56.56

Premium:

\$ 56.56 **Net Premium: Premium:** \$ 56.56 **Premium Paid to date:**

\$ 56.56

Payment History:

Method **Card Type Amount Remarks** Action **Date** 13/01/2017 Other \$ 56.56 Registration