\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 01/11/2018

POLICY NUMBER: BG001030-23-092bd148 Contract Note:

Type of Contract: Application Date: International Assurance Agent/Broker Name:

Policy status: Graham Bates Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Group/Team Leader Name: Nehemiah Vision Ministries Mission Director

01/11/2018

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

Postal code: 75790 **Country: United States**

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

Postal code: 75790 **Country: United States**

Telephone home: 8006474589

Group / Team E-mail: aclay@azimuthrisk.com

Insured Persons [Original Information]:

Start Date Term Date Deductible Person Gender DoB Limit **Days Rate Sports Premium** Mark Thompson M 10/30/1957 01/09/2018 01/17/2018 \$ 0.00 \$ 600000 2.02 No \$ 18.18

Total Policy Premium

\$ 18.18

Premium:

Net Premium: \$ 18.18 **Premium Paid to date:** \$ 18.18

Premium: \$ 18.18

Payment History:

Method **Card Type Remarks** Action **Date Amount** \$ 14.14 11/01/2018 Other Registration