\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 04/06/2015

POLICY NUMBER: BG001030-23-0c2509d8 Contract Note:

Type of Contract: Application Date: International Assurance 04/06/2015 Agent/Broker Name: **Policy status: Graham Bates** Complete

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Group/Team Leader Name: Nehemiah Vision Ministries Cathi Ortiz

MAIL FORWARDING ADDRESS:

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

City: State: Van Pennsylvania Postal code: 75790 **Country: United States**

Telephone home:

BILLING ADDRESS:

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

City: State: Van Pennsylvania Postal code: 75790 **Country: United States**

Telephone home: 8006474589 Group / Team E-mail: teams@nvm.org

Insured Persons [Original Information]:

Gender **Start Date Term Date Deductible** Person DoB Limit **Days Rate Sports Premium** Tina Barnett F 01/20/1985 04/06/2015 04/13/2015 \$ 0.00 \$ 600000 2.02 No \$ 16.16

Total Policy Premium

\$ 16.16

Premium:

Net Premium: \$ 16.16 **Premium Paid to date:** \$ 16.16

Premium: \$ 16.16

Payment History:

Method **Card Type Remarks** Action **Date Amount** 06/04/2015 Other \$ 16.16 Registration