

Insurance Services of
America, Inc.

Currency: US

Data Date: 05/15/2015

Contract Note: POLICY NUMBER: BG001030-23-1103b47d

Type of Contract:	International Assurance	Application Date:	05/15/2015
Agent/Broker Name:	Graham Bates	Policy status:	Complete
		Agent/Broker Number:	91f036ef

Details of Group / Team:

Group Name:	Nehemiah Vision Ministries	Group/Team Leader Name:	Cathi Ortiz
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MAIL FORWARDING ADDRESS:

Address line 1:	5348 S Capitol Ave	Address line 2:	
City:	Van	State:	Texas
Postal code:	75790	Country:	United States
Telephone home:			

BILLING ADDRESS:

Address line 1:	5348 S Capitol Ave	Address line 2:	
City:	Van	State:	Texas
Postal code:	75790	Country:	United States
Telephone home:	8006474589		
Group / Team E-mail:	teams@nvm.org		

Insured Persons [Original Information] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Will Smith	M	4/14/1959	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Carmin Smith	F	8/1/2000	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Stephanie Smith	F	9/25/1977	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Erin Crank	F	11/8/1983	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Tina Graham	F	2/15/1968	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Bill Burgess	M	12/24/1946	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Jenna Elber	F	1/27/2001	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Rexane Ude	F	1/4/1957	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Taylor Smith	F	12/4/1991	06/04/2015	06/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

Total Policy Premium

\$ 163.62

Premium:

Net Premium:	\$ 163.62	Premium Paid to date:	\$ 163.62
Premium:	\$ 163.62		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
15/05/2015	Other	---	\$ 163.62	Registration	