## $\boxtimes$ CR Records Printed $\boxtimes$ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 03/29/2016

Contract Note: POLICY NUMBER: BG001030-23-1508495e

Type of Contract: International Assurance Application Date: 03/29/2016

Agent/Broker Name: Graham Bates Policy status: Complete

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: 563 E Pennsylvania Ave Address line 2:

City: Van State: Texas

Postal code: 75790 Country: United States

**Telephone home:** 

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania 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]:

Start Date Term Date Deductible Limit Days Rate Sports Premium Person Gender DoB 01/04/1973 06/14/2016 06/23/2016 \$ 0.00 \$ 600000 10 2.02 No Angela G Mollenkopf M \$ 20.20 Kinzie M Davis 08/06/1993 06/14/2016 06/23/2016 \$ 600000 10 2.02 M \$ 0.00 No \$ 20.20

## **Total Policy Premium**

\$ 40.40

Premium:

Net Premium: \$40.40 Premium Paid to date: \$40.40

**Premium:** \$ 40.40

Payment History:

| Date       | Method | Card Type | Amount   | Remarks      | Action |
|------------|--------|-----------|----------|--------------|--------|
| 29/03/2016 | Other  |           | \$ 40.40 | Registration |        |