\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 01/18/2018

Contract Note: POLICY NUMBER: BG001030-23-1819949c

Type of Contract: International Assurance Application Date:

Agent/Broker Name: Graham Bates Policy status:

Policy status: Complete
Agent/Broker Number: 91f036ef

01/18/2018

Details of Group / Team:

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

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]:

| Person | Gender | DoB | Start Date Term Date I | Deductible | Limit | Days | Rate | Sports | Premium |
|------------------|--------|------------|-------------------------------|-------------------|-----------|------|------|---------------|----------|
| David McAllister | M | 01/25/1962 | 02/10/2018 02/17/2018 | \$ 0.00 | \$ 600000 | 8 | 2.02 | No | \$ 16.16 |
| Emily Jordanov | F | 12/25/1968 | 02/10/2018 02/17/2018 | \$ 0.00 | \$ 600000 | 8 | 2.02 | No | \$ 16.16 |
| Glen Owen | F | 01/09/1949 | 02/10/2018 02/17/2018 | \$ 0.00 | \$ 600000 | 8 | 2.02 | No | \$ 16.16 |

Total Policy Premium

\$ 48.48

Premium:

Net Premium: \$48.48 Premium Paid to date: \$48.48

Premium: \$ 48.48

Payment History:

| Date | Method | Card Type | Amount | Remarks | Action |
|------------|--------|-----------|----------|--------------|--------|
| 18/01/2018 | Other | | \$ 48.48 | Registration | |