

Insurance Services of
America, Inc.

Currency: US

Data Date: 06/22/2015

Contract Note: POLICY NUMBER: BG001030-23-185b0247

Type of Contract:	International Assurance	Application Date:	06/22/2015
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:	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	Deductible	Limit	Days	Rate	Sports	Premium
Sarita Barthuly	M	07/15/1998	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Madeline Blish	M	03/26/1999	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Graham Fugate	M	05/15/1998	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Greer Glover	M	04/14/1999	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Aaron Guevara	M	03/31/1998	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Victoria King	M	04/22/1999	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sophia Miller	M	11/11/1999	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Anna Morrisey	M	08/24/1998	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Austin Pratt	M	03/31/1998	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Erin Reid	M	06/10/1997	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Drew Schmitz	M	09/05/1998	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Riley Sutherland	M	07/07/1999	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Grant Bickel	M	03/20/1996	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Michelle Elliot	M	10/21/1976	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Shannon Rinehart	M	08/24/1977	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
James Rinehart	M	10/01/1974	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sara Standridge	M	07/29/1981	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Allison Wakefiled	M	05/10/1985	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Heather Hughes	M	03/09/1984	07/18/2015	07/25/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 307.04

Premium:

Net Premium:	\$ 307.04	Premium Paid to date:	\$ 307.04
Premium:	\$ 307.04		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
22/06/2015	Other	---	\$ 307.04	Registration	