

Insurance Services of America, Inc.

Currency: US
Data Date: 04/20/2023

Contract Note:		POLICY NUMBER: 691802184268	
Type of Contract:	International Assurance	Application Date:	03/30/2023
Agent/Broker Name:	Janet Madrigal	Policy status:	Complete
		Agent/Broker Number:	f1c80aca
Group Name:	Pure Praxis	Group/Team Leader Name:	Kelly Pfleider
MAIL FORWARDING ADDRESS:			
Address line 1:	2026 North Greenbriar Road	Address line 2:	
City:	Long Beach	State:	California
Postal code:	90815	Country:	United States
Telephone home:			
BILLING ADDRESS:			
Address line 1:	2026 North Greenbriar Road	Address line 2:	
City:	Long Beach	State:	California
Postal code:	90815	Country:	United States
Telephone home:	5627561306		
Group / Team E-mail:	kellyp@purepraxis.com		

Insured Persons [Original Information] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Citizenship	Country	Premium
Paul D Rico	M	06/19/1985	04/21/2023	04/30/2023	\$ 250.00	\$ 600000	10	1.62	No	United States		\$ 16.20
Kelly L Pfleider	F	04/29/1984	04/21/2023	04/30/2023	\$ 250.00	\$ 600000	10	1.62	No	United States		\$ 16.20
William L Fortes	M	12/17/1987	04/21/2023	04/30/2023	\$ 250.00	\$ 600000	10	1.62	No	United States		\$ 16.20

Total Policy Premium

\$ 48.60

Premium:	
Net Premium:	\$ 48.60
Premium:	\$ 48.60
Premium Paid to date:	\$ 48.60
Over payment:	\$ 0.00

Payment History:					
Date	Method	Card Type	Amount	Remarks	Action
30/03/2023	CreditCard	MasterCard	\$ 48.60	Registration	

Policy History:	
Edited Date	Brief Description
No Records	