

Insurance Services of
America, Inc.

Currency: US

Data Date: 01/20/2016

Contract Note:

POLICY NUMBER: BG001030-23-1a27b927

Type of Contract:	International Assurance	Application Date:	01/20/2016
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
Chad Lesnet	M	07/22/1977	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Matthew Sliepka	M	06/15/1987	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sarah Arriaga	M	09/10/1984	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Daniel Coppock	M	06/17/1978	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
James Joseph	M	10/29/1971	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Rachel Martin	M	04/29/1966	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Spencer Mitchell	M	07/17/1974	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Chloe Radel	M	09/09/1993	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jessica Radloff	M	06/06/1981	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Corey Bolon	M	04/14/1973	02/12/2016	02/19/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 161.60

Premium:

Net Premium:	\$ 161.60	Premium Paid to date:	\$ 161.60
Premium:	\$ 161.60		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
20/01/2016	Other	---	\$ 161.60	Registration	