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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 01/19/2017

**POLICY NUMBER:** BG001030-23-1d2bedd9 Contract Note:

**Type of Contract:** International Assurance **Agent/Broker Name: Graham Bates** 

**Policy status:** Complete

**Application Date:** 

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

**Group Name:** Nehemiah Vision Ministries **Group/Team Leader Name:** Cathi Ortiz

01/19/2017

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

Postal code: 75790 **Country: United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

Postal code: 75790 **Country: United States** 

**Telephone home:** 8006474589 Group / Team E-mail: teams@nvm.org

## Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date</b>	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Brandon Wildes	M	03/11/1999	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Daniel Mariorenzi	M	04/23/2000	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Elias Hastings	M	03/30/1999	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Nicholas Fall	M	10/28/1998	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Christopher Fall	M	09/04/1999	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jacob Delrosso	M	08/05/2000	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Wally Wildes	M	02/08/1994	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Todd Denison	M	08/01/1960	02/18/2017	02/25/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

## **Total Policy Premium**

\$ 129.28

Premium:

**Net Premium:** \$ 129.28 **Premium Paid to date:** \$ 129.28

**Premium:** \$ 129.28

Payment History:

Method **Card Type** Remarks **Action Date** Amount

19/01/2017 Other --- \$ 129.28 Registration