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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 03/26/2018

**POLICY NUMBER:** BG001030-23-1fd0bfcf Contract Note:

**Type of Contract:** International Assurance Agent/Broker Name: Insurance Services of

America

**Application Date:** 

03/26/2018

**Policy status:** Complete

**Agent/Broker Number:** 91f036ef

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

City: Van Postal code: 75790 State:

Address line 2:

**Country: United States** 

**Telephone home:** 

City:

**BILLING ADDRESS:** 

Address line 1: 563 E Pennsylvania Ave

Van

Postal code: 75790 Address line 2: **State:** 

**Country: United States** 

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

Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date</b>	<b>Term Date</b>	Deductible	Limit	Days	Rate	Sports	Premium
Scott Vanslambrouck	M	06/21/1979	04/07/2018	04/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Anita Solis	M	11/02/1982	04/07/2018	04/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Linda Horn	M	02/04/1956	04/07/2018	04/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Karel vanderveldn	M	04/06/1988	04/07/2018	04/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Cassie Vandervelden	M	01/08/1987	04/07/2018	04/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Roberto Loar	M	10/17/1981	04/07/2018	04/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

## **Total Policy Premium**

\$ 96.96

Premium:

**Net Premium:** \$ 96.96 Premium: \$ 96.96 **Premium Paid to date:** 

\$ 96.96

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
26/03/2018	Other		\$ 96.96	Registration	