\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 07/19/2018

POLICY NUMBER: 201823665 Contract Note:

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

America

Application Date: Policy status:

07/02/2018

Complete

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Nehemiah Vision Ministries **Group/Team Leader Name:** Eddie Coatney

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Address line 2: City:

State: **Texas**

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

Telephone home:

City:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Address line 2:

Van Postal code: 75790 State: Texas **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
Makayla Portera	M	10/10/2002	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Mollie Molton	M	03/25/2003	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Olivia Moore	M	03/25/2005	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sierra Jordon	M	07/10/2001	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Taylor Martin	M	03/14/2003	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Taylor Osborn	M	03/27/2000	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Virgina Lee	M	03/31/1998	07/07/2018	07/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 113.12

Premium:

Premium Paid to date: Net Premium: \$ 113.12 \$ 113.12

\$ 113.12 Premium:

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
02/07/2018	Other		\$ 113.12	Registration	