

Insurance Services of  
America, Inc.

Currency: US

Data Date: 05/22/2015

Contract Note:

**POLICY NUMBER: BG001030-23-223b55d2**

<b>Type of Contract:</b>	International Assurance	<b>Application Date:</b>	05/22/2015
<b>Agent/Broker Name:</b>	Graham Bates	<b>Policy status:</b>	Complete
		<b>Agent/Broker Number:</b>	91f036ef

Details of Group / Team:

<b>Group Name:</b>	Nehemiah Vision Ministries	<b>Group/Team Leader Name:</b>	Cathi Ortiz
--------------------	----------------------------	--------------------------------	-------------

MAIL FORWARDING ADDRESS:

<b>Address line 1:</b>	563 E Pennsylvania Ave	<b>Address line 2:</b>	
<b>City:</b>	Van	<b>State:</b>	Texas
<b>Postal code:</b>	75790	<b>Country:</b>	United States
<b>Telephone home:</b>			

BILLING ADDRESS:

<b>Address line 1:</b>	563 E Pennsylvania Ave	<b>Address line 2:</b>	
<b>City:</b>	Van	<b>State:</b>	Texas
<b>Postal code:</b>	75790	<b>Country:</b>	United States
<b>Telephone home:</b>	8006474589		
<b>Group / Team E-mail:</b>	teams@nvm.org		

Insured Persons [Original Information] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Kara Korson	F	09/01/1993	06/23/2015	07/19/2015	\$ 0.00	\$ 600000	27	2.02	No	\$ 54.54
Kelsey Fisk	F	03/13/1993	06/15/2015	07/11/2015	\$ 0.00	\$ 600000	27	2.02	No	\$ 54.54

**Total Policy Premium**

\$ 109.08

Premium:

<b>Net Premium:</b>	\$ 109.08	<b>Premium Paid to date:</b>	\$ 109.08
<b>Premium:</b>	\$ 109.08		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
22/05/2015	Other	---	\$ 109.08	Registration	