International Assurance Application Form Details

Insurance Services of America, Inc.	Currency: **US**
	Data Date: **06/03/2016**

Contract Note:

POLICY NUMBER: BG001030-23-233e33dc

Type of Contract:	International Assurance	**Application Date:**	06/03/2016
Agent/Broker Name:	Graham Bates	**Policy status:**	Complete
		Agent/Broker Number:	91f036ef

Details of Group / Team:

Group Name:	Mercy Ships	**Group/Team Leader Name:**	Janet Butler

MAIL FORWARDING ADDRESS:

Address line 1:	15862 HWY 110 N	**Address line 2:**	
City:	Lindale	**State:**	Texas
Postal code:	75771	**Country:**	United States
Telephone home:			

BILLING ADDRESS:

Address line 1:	15862 HWY 110 N	**Address line 2:**	
City:	Lindale	**State:**	Texas
Postal code:	75771	**Country:**	United States
Telephone home:	903-939-7697		
Group / Team E-mail:	janet.butler@mercyships.org		

Insured Persons [Original Information] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Glenn Strauss	M	12/03/1954	06/25/2016	07/02/2016	$ 50.00	$ 600000	8	1.82	No	$ 14.56

Total Policy Premium

$ 14.56

Premium:

Net Premium:	$ 14.56	**Premium Paid to date:**	$ 14.56
Premium:	$ 14.56		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
03/06/2016	Other	---	$ 14.56	Registration	