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

## **International Assurance Application Form Details**

**Insurance Services of** 

Currency: US

America, Inc.

Data Date: 05/22/2015

Contract Note: POLICY NUMBER: BG001030-23-23cc065e

Type of Contract:International AssuranceApplication Date:05/22/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

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

City: Van State: Texas

Postal code: 75790 Country: United States

**Telephone home:** 

BILLING ADDRESS:

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

City: Van State: Texas

Postal code: 75790 Country: United States

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

Insured Persons [Original Information]:

**Start Date Term Date Deductible** Person Gender DoB Limit **Days Rate Sports Premium** M 06/25/1985 05/22/2019 05/29/2019 \$ 0.00 \$ 600000 2.02 No \$ 16.16 Stephanie Flyger Bethany Schindler 06/01/1990 05/22/2019 05/29/2019 \$ 600000 8 2.02 M \$ 0.00 No \$ 16.16

## **Total Policy Premium**

\$ 32.32

Premium:

Net Premium: \$ 32.32 Premium Paid to date: \$ 32.32

**Premium:** \$ 32.32

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
22/05/2015	Other		\$ 32.32	Registration	