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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 07/31/2015

POLICY NUMBER: BG001030-23-26b9ef99 Contract Note:

Type of Contract: International Assurance

Agent/Broker Name: **Graham Bates** **Application Date:**

Policy status: Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

Cathi Ortiz

07/31/2015

MAIL FORWARDING ADDRESS:

Address line 1:

City:

563 E Pennsylvania Ave

Address line 2:

State: Texas

Country: United States

Telephone home:

Postal code:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Van

75790

Address line 2:

City: Van Postal code:

75790

State: **Country:** Texas **United States**

Telephone home: 8006474589

Group / Team E-mail: teams@nvm.org

Insured Persons [Original Information]:

Start Date Term Date Deductible Limit Days Rate Sports Premium Person Gender DoB

Angela G Mollenkopf M 01/04/1973 08/01/2015 08/19/2015 \$ 0.00 \$ 600000 19 2.02 No \$ 38.38

Total Policy Premium

\$38.38

Premium:

Net Premium: \$ 38.38 **Premium Paid to date:** \$ 38.38

Premium: \$ 38.38

Payment History:

Method **Card Type Remarks** Action **Date Amount** \$ 38.38 Registration

31/07/2015 Other