Insurance Services of America, Inc.	Currency: **US**
	Data Date: **07/31/2015**

Contract Note: **POLICY NUMBER:**   BG001030-23-2eac5581

Type of Contract:	International Assurance	**Application Date:**	07/31/2015
Agent/Broker Name:	Graham Bates	**Policy 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] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Opal Lively	M	12/17/1980	08/02/2015	08/17/2015	$ 0.00	$ 600000	16	2.02	No	$ 32.32

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
31/07/2015	Other	---	$ 32.32	Registration	