## □ CR Records Printed □ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 02/01/2015

Contract Note: POLICY NUMBER: BG001030-23-2eca1ce0

Type of Contract:International AssuranceApplication Date:02/01/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 1767e2c0

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	<b>Start Date</b>	<b>Term Date</b>	Deductible	Limit	Days	Rate	<b>Sports</b>	Premium
Lyle Richardon	M	07/13/1971	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Todd Denison	M	12/31/1968	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Nathan Nickerson	M	11/08/1995	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jonathan Cavanagh	M	06/01/1997	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
David Abbott	M	06/24/1997	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Dylan Cross	M	11/12/1996	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Isabella Richardson	F	11/07/2000	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
James Heinl	M	04/25/1997	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jacob Delrosso	M	02/08/1994	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Timothy Gamache	M	08/17/1997	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Caleb Snow	M	10/24/1996	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Logan Reed	M	06/12/1997	02/14/2015	02/21/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

## **Total Policy Premium**

\$ 193.92

Premium:

Net Premium: \$ 193.92 Premium Paid to date: \$ 193.92

Premium:

**Premium:** \$ 193.92

Payment History:					
Date	Method	Card Type	Amount	Remarks	Action
01/02/2015	Other		\$ 193.92	Registration	