## □ CR Records Printed □ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 06/14/2014

Contract Note: POLICY NUMBER: BG001030-23-30816247

Type of Contract: International Assurance Application Date:

Agent/Broker Name: Graham Bates Policy status:

Policy status: Complete
Agent/Broker Number: 91f036ef

05/29/2014

Details of Group / Team:

Group Name: Sharon Pelcha Group/Team Leader Name:

MAIL FORWARDING ADDRESS:

Address line 1: 937 heck drive Address line 2:

City: lawrenceburg State:

Postal code: Country: United States

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: 937 heck drive Address line 2:

City: lawrenceburg State:

Postal code: Country: United States

**Telephone home:** 513-646-2290

Group / Team E-mail: sherripelcha@rocketmail.com

Insured Persons [Original Information]:

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

 sharon d pelcha
 F
 05/31/1968
 06/23/2014
 07/04/2014
 \$ 0.00
 \$ 125000
 12
 1.9
 No
 \$ 22.80

**Total Policy Premium** 

\$ 22.80

Premium:

Net Premium: \$ 22.80 Premium Paid to date: \$ 22.80

**Premium:** \$ 22.80

Payment History:

DateMethodCard TypeAmountRemarksAction29/05/2014CreditCardVisa\$ 22.80Registration