\boxtimes CR Records Printed \boxtimes Entered into VBA

International Assurance Application Form Details

Insurance Services of

Agent/Broker Name:

America, Inc.

Currency: US

Data Date: 03/14/2016

POLICY NUMBER: BG001030-23-3092b3b1 Contract Note:

Type of Contract: International Assurance

Graham Bates

Application Date:

Policy status: Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

Cathi Ortiz

03/14/2016

MAIL FORWARDING ADDRESS:

Address line 1:

City:

563 E Pennsylvania Ave

Address line 2:

Texas

Postal code: 75790 State: **Country:**

United States

Telephone home:

BILLING ADDRESS:

563 E Pennsylvania Ave

Address line 2:

Address line 1: City:

Van

Van

State:

Postal code:

75790

\$ 42.42

Country:

United States

Texas

Telephone home:

8006474589

Group / Team E-mail:

teams@nvm.org

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date Term Date I	Deductible	Limit	Days	Rate S	Sports	Premium
Mary King	M	08/01/1962	04/01/2016 04/07/2016	\$ 0.00	\$ 600000	7	2.02	No	\$ 14.14
Erica Hughes	M	01/17/1985	04/01/2016 04/07/2016	\$ 0.00	\$ 600000	7	2.02	No	\$ 14.14
Deborah Birch	M	02/03/1957	04/01/2016 04/07/2016	\$ 0.00	\$ 600000	7	2.02	No	\$ 14.14

Total Policy Premium

\$ 42.42

Premium:

Premium:

\$ 42.42 **Net Premium:**

Premium Paid to date:

\$ 42.42

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
14/03/2016	Other		\$ 42.42	Registration	