\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 12/21/2018

POLICY NUMBER: 701826297 Contract Note:

Type of Contract: International Assurance Agent/Broker Name: Insurance Services of

America

Application Date: Policy status:

State:

12/15/2018

Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Paul Dunn **Group/Team Leader Name:**

Paul Dunn

United States

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 103 W 3rd ave

City: Gastonia Postal code: 28052

Country:

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: 106 w 3rd ave

City: State: North Carolina Gastonia Postal code: 28052 **Country: United States**

Telephone home: 704-813-3680

Group / Team E-mail: Prdunn69@gmail.com

Insured Persons [Original Information]:

Person Gender **Start Date Term Date Deductible** Days Rate Sports Premium DoB Limit Paul R Dunn M 06/09/1946 12/17/2018 12/16/2019 \$ 0.00 \$ 50000 1.42 No \$ 518.30 365 Cheryl R Dunn M 11/04/1948 12/17/2018 12/16/2019 \$ 0.00 \$ 50000 365 1.42 No \$ 518.30

Total Policy Premium

\$ 1,036.60

Premium:

Net Premium: \$ 1,036.60 Premium Paid to date: \$ 1,036.60

Premium: \$ 1,036.60

Payment History:

Method **Card Type** Remarks Action **Date** Amount CreditCard 15/12/2018 MasterCard \$ 1,036.60 Registration