## $\Box$ CR Records Printed $\Box$ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 06/06/2017

**POLICY NUMBER:** BG001030-23-38a07e88 Contract Note:

**Type of Contract:** International Assurance Agent/Broker Name:

**Graham Bates** 

**Application Date:** 

06/06/2017 **Policy status:** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

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

Mission Director

MAIL FORWARDING ADDRESS:

Address line 1:

City:

563 E Pennsylvania Ave

Address line 2:

Texas

Postal code: 75790

Van

**Country:** 

State:

**United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Group / Team E-mail:

Address line 1: 563 E Pennsylvania Ave

City: Van

State:

Texas

Postal code: **Telephone home:**  75790

8006474589 teams@nvm.org **Country:** 

Address line 2:

**United States** 

Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date</b>	<b>Term Date</b>	Deductible	Limit	Days	Rate	Sports	Premium
Tammy Ruiz	M	09/11/1980	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Michele Pullen	M	04/23/1999	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Mike Homme	M	07/21/1979	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Stephanie Spillihp	M	08/19/1970	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
<b>Taylor Seward</b>	M	08/19/1999	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Deven Winkles	M	11/07/1997	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Taylor Martin	M	09/20/1991	07/01/2017	07/08/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

## **Total Policy Premium**

\$ 113.12

Premium:

**Net Premium:** \$ 113.12 **Premium Paid to date:** 

\$ 113.12

Premium:

\$ 113.12

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
06/06/2017	Other		\$ 113.12	Registration	