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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 05/22/2015

Contract Note: POLICY NUMBER: BG001030-23-3af020d1

Type of Contract:International AssuranceApplication Date:05/22/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

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	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Madeline Blackwell	M	05/16/1994	05/23/2015	05/30/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Joan Blackwell	M	08/24/1961	05/23/2015	05/30/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Victoria Blackwell	M	04/24/1996	05/23/2015	05/30/2015	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 48.48

Premium:

Net Premium: \$48.48 Premium Paid to date: \$48.48

Premium: \$ 48.48

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
22/05/2015	Other		\$ 48.48	Registration	