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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 05/30/2017

**POLICY NUMBER:** BG001030-23-3e55949b Contract Note:

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

Graham Bates

**Application Date:** 

**Policy status:** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

**Group Name:** Nehemiah Vision Ministries

Van

**Group/Team Leader Name:** 

Mission Director

05/30/2017

MAIL FORWARDING ADDRESS:

Address line 1:

City:

563 E Pennsylvania Ave

Address line 2: State:

Texas

Postal code: 75790

**Country:** 

**United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: 563 E Pennsylvania Ave

City: Van

Postal code: 75790

8006474589

Group / Team E-mail:

**Telephone home:** 

teams@nvm.org

Address line 2:

State: **Country:** 

Texas

**United States** 

Insured Persons [Original Information]:

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

Morgan Elise Cornacchini M 04/05/1998 05/30/2017 07/16/2017 48 2.02 \$ 0.00 No \$ 96.96 600000

**Total Policy Premium** 

\$ 96.96

Premium:

\$ 96.96 **Net Premium:** Premium Paid to date: \$ 96.96

\$ 96.96 **Premium:** 

Payment History:

Method **Card Type Remarks** Action **Date** Amount 30/05/2017 \$ 96.96 Other Registration