

Insurance Services of
America, Inc.

Currency: US

Data Date: 09/16/2016

Contract Note:

POLICY NUMBER: BG001030-23-471b6484

Type of Contract:	International Assurance	Application Date:	09/16/2016
Agent/Broker Name:	Graham Bates	Policy status:	Complete
		Agent/Broker Number:	91f036ef

Details of Group / Team:

Group Name:	Nehemiah Vision Ministries	Group/Team Leader Name:	Cathi Ortiz
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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
Jennifer L Robinson	M	08/28/1957	09/16/2016	10/01/2016	\$ 0.00	\$ 600000	16	2.02	No	\$ 32.32

Total Policy Premium

\$ 32.32

Premium:

Net Premium:	\$ 32.32	Premium Paid to date:	\$ 32.32
Premium:	\$ 32.32		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
16/09/2016	Other	---	\$ 32.32	Registration	