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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 10/04/2018

Contract Note: POLICY NUMBER: 701823501

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

America

**Application Date: Policy status:** 

10/03/2018

Texas

Policy status: Complete

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Missions Director

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave Address line 2:

City: Van State:

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	<b>Start Date Term Date I</b>	<b>Deductible</b>	Limit	Days	Rate	Sports	Premium
Angie Mollenkopf	M	1/4/1973	10/10/2018 10/15/2018	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Patty Lindley	M	8/31/1962	10/10/2018 10/15/2018	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Beth Miller	M	4/26/1983	10/10/2018 10/15/2018	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Lisa Deley	M	3/10/1969	10/10/2018 10/15/2018	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12

## **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
03/10/2018	Other		\$ 48.48	Registration	