\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 10/31/2017

POLICY NUMBER: BG001030-23-49dcb41c Contract Note:

Type of Contract: Application Date: International Assurance Agent/Broker Name: **Policy status:** Graham Bates

Complete **Agent/Broker Number:**

91f036ef

10/31/2017

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

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

City: State: Van Texas

Postal code: 75790 **Country: United States**

Telephone home:

BILLING ADDRESS:

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

City: State: Van Texas

Postal code: 75790 **Country: United States**

Telephone home: 800 647-4589 Group / Team E-mail: teams@nvm.org

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date	Term Date 1	Deductible	Limit	Days	Rate	Sports	Premium
Janel Guyette	M	11/26/1968	11/04/2017	11/11/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Chris Guyette	M	12/09/1998	11/04/2017	11/11/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Ben Guyette	M	12/09/1990	11/04/2017	11/11/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sharon Tanner	r M	06/11/1952	11/04/2017	11/11/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 64.64

Premium:

Net Premium: \$ 64.64 **Premium Paid to date:** \$ 64.64

Premium: \$ 64.64

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
31/10/2017	Other		\$ 64.64	Registration	