\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 03/23/2017

POLICY NUMBER: BG001030-23-4b6bdcb6 Contract Note:

Type of Contract: Application Date: International Assurance 11/30/2016 Agent/Broker Name: **Policy status: Graham Bates** Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Group/Team Leader Name: Janeece England Janeece Englad

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: PO Box 52

City: State: Staunton Indiana

Postal code: **Country:** 47881 **United States**

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: PO Box 52

City: State: Indiana Staunton Postal code: **Country:** 47881 **United States**

Telephone home: 812-443-5161

Group / Team E-mail: vsengland1973@yahoo.com

Insured Persons [Original Information]:

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

M 02/07/1951 01/05/2017 08/03/2017 \$ 250.00 \$ 125000 211 1.52 No \$ 320.72 Janeece England

Total Policy Premium

\$ 320.72

Premium:

Net Premium: \$ 320.72 **Premium Paid to date:** \$ 320.72

Premium: \$ 320.72

Payment History:

Method **Card Type** Remarks Action **Date Amount** \$ 200.64 30/11/2016 CreditCard Visa Registration