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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 02/03/2015

Contract Note: POLICY NUMBER: BG001030-23-4e16e2cd

Type of Contract:International AssuranceApplication Date:02/03/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Cathi Ortiz

Treneman vision ministres

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]:

PersonGenderDoBStart Date Term Date DeductibleLimitDaysRateSports PremiumMark A ThompsonM10/30/195702/02/201502/11/2015\$ 0.00\$ 600000102.02No\$ 20.20

Total Policy Premium

\$ 20.20

Premium:

Net Premium: \$20.20 Premium Paid to date: \$20.20

Premium: \$ 20.20

Payment History:

DateMethodCard TypeAmountRemarksAction03/02/2015Other---\$ 18.18Registration