\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 06/02/2016

POLICY NUMBER: BG001030-23-533ada7e Contract Note:

Type of Contract: Application Date: International Assurance 12/16/2015 **Policy status: Agent/Broker Name: Graham Bates** Complete

> **Agent/Broker Number:** 91f036ef

Details of Group / Team:

Group Name: P Hockey **Group/Team Leader Name:**

Patricia

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 2259 Shetland Dr NE

City: State: **Grand Rapids** Michigan Postal code: **Country: United States** 49505

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: 2259 Shetland Dr NE

City: State: **Grand Rapids** Michigan Postal code: **Country: United States** 49505

Telephone home: 616-450-1108

Group / Team E-mail: phockey8@gmail.com

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Lawrence Phelps	M	10/22/1954	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Diane Phelps	F	09/24/1958	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Deborah Jones	F	03/30/1953	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Loretta Powers	F	06/28/1979	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Amber Tatro	F	03/01/1984	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Randy Vanleeuwen	M	12/21/1957	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Nathan Vandevusse	M	04/01/1985	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98
Patricia Vandevusse	F	09/19/1954	02/18/2016	02/28/2016	\$ 0.00	\$ 1200000	11	2.18	No	\$ 23.98

Total Policy Premium

\$ 191.84

Premium:

Premium Paid to date: Net Premium: \$ 191.84 \$ 191.84

Premium: \$ 191.84

Payment History:

Card Type Remarks **Date** Method **Amount** Action 16/12/2015 CreditCard Visa \$191.84 Registration