

Insurance Services of
America, Inc.

Currency: US

Data Date: 03/14/2018

Contract Note: POLICY NUMBER: BG001030-23-53bb4898

Type of Contract:	International Assurance	Application Date:	03/13/2018
Agent/Broker Name:	Insurance Services of America	Policy status:	Complete
		Agent/Broker Number:	91f036ef

Details of Group / Team:

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

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Ellie Poindexter	F	4/3/2002	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Adelyn Holliday	F	7/25/2003	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Mark Andrews	M	5/15/2001	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Chad Fanta	M	3/11/2001	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Claire Wilder	M	5/30/2002	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Christian Stehling	M	8/5/2001	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
David Poindexter	M	6/14/1963	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Brenda Poindexter	M	6/1/1965	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
David Wilder	M	5/3/1967	03/23/2018	03/30/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 145.44

Premium:

Net Premium:	\$ 145.44	Premium Paid to date:	\$ 145.44
Premium:	\$ 145.44		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
13/03/2018	Other	---	\$ 145.44	Registration	