## □ CR Records Printed □ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 06/23/2017

Contract Note: POLICY NUMBER: BG001030-23-54e2290a

Type of Contract: International Assurance Application Date: 06/23/2017
Agent/Broker Name: Graham Bates Policy status: Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

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	<b>Start Date</b>	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Heidi Hammer	M	02/19/1992	06/26/2017	07/30/2017	\$ 0.00	\$ 600000	35	2.02	No	\$ 70.70
Grace Westfall	M	06/06/1995	06/26/2017	08/01/2017	\$ 0.00	\$ 600000	37	2.02	No	\$ 74.74
Kaitlyn Johnston	M	05/05/1994	06/19/2017	08/01/2017	\$ 0.00	\$ 600000	44	2.02	No	\$ 88.88
Amy Bennett	M	05/13/1996	07/07/2017	07/22/2017	\$ 0.00	\$ 600000	16	2.02	No	\$ 32.32
Mitch Chapman	M	04/18/1997	06/19/2017	07/31/2017	\$ 0.00	\$ 600000	43	2.02	No	\$ 86.86
Jason Rudkin	M	06/11/1981	06/23/2017	07/07/2017	\$ 0.00	\$ 600000	15	2.02	No	\$ 30.30
Jeffery Beard	M	12/16/1968	06/19/2017	06/26/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Karyn Maniscalco	o M	02/23/1969	06/19/2017	06/26/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

## **Total Policy Premium**

\$ 416.12

Premium:

Net Premium: \$416.12 Premium Paid to date: \$416.12

**Premium:** \$ 416.12

Payment History:

Date Method Card Type Amount Remarks Action

23/06/2017 Other --- \$ 371.68 Registration