\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

Agent/Broker Name:

America, Inc.

Currency: US

Data Date: 06/23/2016

POLICY NUMBER: BG001030-23-569f1c20 Contract Note:

Type of Contract: International Assurance

Graham Bates

Application Date:

Policy status:

06/23/2016 Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Mercy Ships **Group/Team Leader Name:**

Janet Butler

MAIL FORWARDING ADDRESS:

Address line 1:

Postal code:

City:

City:

15862 HWY 110 N

Address line 2:

State:

Texas

Country:

United States

Telephone home:

BILLING ADDRESS:

Address line 1:

15862 HWY 110 N

Address line 2:

Lindale

State: **Country:** Texas **United States**

Postal code: 75771

903-939-7697

Lindale

75771

Group / Team E-mail:

Telephone home:

janet.butler@mercyships.org

Insured Persons [Original Information]:

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

Peter Linz M 10/10/1960 06/25/2016 07/09/2016 \$ 50.00 \$ 600000 15 1.82 No \$ 27.30

Total Policy Premium

\$ 27.30

Premium:

Net Premium: \$ 27.30 **Premium:** \$ 27.30 **Premium Paid to date:**

\$ 27.30

Payment History:

Method **Card Type Remarks** Action **Date Amount** \$ 27.30 Registration

23/06/2016 Other