## $\Box$ CR Records Printed $\Box$ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 08/10/2017

**POLICY NUMBER:** BG001030-23-58137e60 Contract Note:

**Type of Contract:** International Assurance **Agent/Broker Name:** 

**Graham Bates** 

**Application Date:** 

**Policy status:** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

**Group Name:** Spring of Hope **Group/Team Leader Name:** 

Kevin Hudson

08/10/2017

MAIL FORWARDING ADDRESS:

Address line 1:

Postal code:

City:

2518 Eagle Lambert Rd

Address line 2:

Chewelah 99109

State:

Washington

**Country:** 

**United States** 

**Telephone home:** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: 2518 Eagle Lambert Rd

City: Chewelah Postal code: 99109

509-998-3263

Group / Team E-mail:

adam@isabrokers.com

Address line 2:

State: **Country:**  Washington

**United States** 

Insured Persons [Original Information]:

**Start Date Term Date Deductible** Person Gender DoB Limit **Days Rate Sports Premium** 06/04/1961 10/04/2017 10/19/2017 \$ 500.00 Kevin Hudson M \$ 1200000 16 1.58 No \$ 25.28 Deborah Hudson 09/08/1961 10/04/2017 10/19/2017 \$ 500.00 \$ 1200000 1.58 \$ 25.28 M 16 No

**Total Policy Premium** 

\$ 50.56

Premium:

**Net Premium:** \$ 50.56 **Premium Paid to date:** \$ 50.56

\$ 50.56 Premium:

Payment History:

Method **Card Type** Remarks Action **Date Amount** 10/08/2017 Other \$ 50.56 Registration