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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 06/18/2015

Contract Note: POLICY NUMBER: BG001030-23-5999bebb

Type of Contract: International Assurance Application Date: 06/18/2015

Agent/Broker Name: Graham Bates Policy status: Complete

Policy status: Complete
Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Cathi Ortiz

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]:

PersonGenderDoBStart Date Term Date DeductibleLimitDaysRate SportsPremiumHeidi HammerF02/19/199206/15/201508/08/2015\$ 0.00\$ 600000552.02No\$ 111.10

Total Policy Premium

\$ 111.10

Premium:

Net Premium: \$ 111.10 Premium Paid to date: \$ 111.10

Premium: \$ 111.10

Payment History:

DateMethodCard TypeAmountRemarksAction18/06/2015Other---\$ 105.04Registration