## $oxed{ iny CR}$ Records Printed $oxed{ iny Entered}$ into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

**Agent/Broker Name:** 

America, Inc.

Currency: US

Data Date: 05/16/2016

**POLICY NUMBER:** BG001030-23-5a1dab31 Contract Note:

**Type of Contract:** International Assurance

**Graham Bates** 

**Application Date:** 

**Policy status:** 

05/16/2016 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:

Postal code:

City:

City:

563 E Pennsylvania Ave

Address line 2:

State: Texas

**Country:** 

**United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1:

563 E Pennsylvania Ave

Address line 2:

Van

Van

75790

75790

State:

Texas

**Telephone home:** 

Postal code:

8006474589

Group / Team E-mail:

teams@nvm.org

**Country: United States** 

Insured Persons [Original Information]:

**Start Date Term Date Deductible** Person Gender DoB Limit **Days Rate Sports Premium** M 12/16/1989 05/14/2016 05/17/2016 \$ 250.00 \$ 600000 1.62 No \$ 6.48 Katherine Bosma 12/22/1991 05/14/2016 05/17/2016 \$ 250.00 \$ 600000 1.62 Christopher Bosma M 4 No \$ 6.48

## **Total Policy Premium**

\$ 12.96

Premium:

**Net Premium:** \$12.96 Premium: \$ 12.96 **Premium Paid to date:** 

\$ 12.96

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
16/05/2016	Other		\$ 12.96	Registration	