

Insurance Services of
America, Inc.

Currency: US

Data Date: 06/18/2015

Contract Note:

POLICY NUMBER: BG001030-23-5db4906e

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

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Gregory Talamo	M	09/16/1994	06/15/2015	08/08/2015	\$ 0.00	\$ 600000	55	2.02	No	\$ 111.10
Matthew Goniprow	M	01/24/1995	06/15/2015	07/15/2015	\$ 0.00	\$ 600000	31	2.02	No	\$ 62.62
Julie Yates	M	11/18/1994	06/15/2015	07/06/2015	\$ 0.00	\$ 600000	22	2.02	No	\$ 44.44
Brittany Jones	M	08/19/1996	06/15/2015	07/06/2015	\$ 0.00	\$ 600000	22	2.02	No	\$ 44.44
Grace Westfall	M	6/6/1995	06/15/2015	08/08/2015	\$ 0.00	\$ 600000	55	2.02	No	\$ 111.10
Ben Dunlop	M	02/22/1988	06/16/2015	08/08/2015	\$ 0.00	\$ 600000	54	2.02	No	\$ 109.08
Sara Hoppe	M	09/23/1991	07/01/2015	07/31/2015	\$ 0.00	\$ 600000	31	2.02	No	\$ 62.62
Lillian Burton	M	2/1/1996	07/04/2015	08/03/2015	\$ 0.00	\$ 600000	31	2.02	No	\$ 62.62

Total Policy Premium

\$ 608.02

Premium:

Net Premium:	\$ 608.02	Premium Paid to date:	\$ 608.02
Premium:	\$ 608.02		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
------	--------	-----------	--------	---------	--------

18/06/2015

Other

\$ 632.26

Registration