

Insurance Services of
America, Inc.

Currency: US

Data Date: 05/01/2015

Contract Note:

POLICY NUMBER: BG001030-23-5df3f1ca

| | | | |
|---------------------------|-------------------------|-----------------------------|------------|
| Type of Contract: | International Assurance | Application Date: | 05/01/2015 |
| 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: | Pennsylvania |
| Postal code: | 75790 | Country: | United States |
| Telephone home: | | | |

BILLING ADDRESS:

| | | | |
|-----------------------------|------------------------|------------------------|---------------|
| Address line 1: | 563 E Pennsylvania Ave | Address line 2: | |
| City: | Van | State: | Pennsylvania |
| 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 |
|------------------|--------|------------|------------|------------|------------|-----------|------|------|--------|----------|
| Ashley Josephsen | M | 12/29/1993 | 05/18/2015 | 05/28/2015 | \$ 0.00 | \$ 600000 | 11 | 2.02 | No | \$ 22.22 |
| Amelia Fanning | M | 03/25/1994 | 05/18/2015 | 05/28/2015 | \$ 0.00 | \$ 600000 | 11 | 2.02 | No | \$ 22.22 |
| Sommer Cantwell | M | 09/26/1995 | 05/03/2015 | 05/30/2015 | \$ 0.00 | \$ 600000 | 28 | 2.02 | No | \$ 56.56 |

Total Policy Premium

\$ 101.00

Premium:

| | | | |
|---------------------|-----------|------------------------------|-----------|
| Net Premium: | \$ 101.00 | Premium Paid to date: | \$ 101.00 |
| Premium: | \$ 101.00 | | |

Payment History:

| Date | Method | Card Type | Amount | Remarks | Action |
|------------|--------|-----------|-----------|--------------|--------|
| 01/05/2015 | Other | --- | \$ 101.00 | Registration | |