\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 10/03/2016

POLICY NUMBER: BG001030-23-620cb6cf Contract Note:

Type of Contract: Application Date: International Assurance 10/03/2016 Agent/Broker Name: **Policy status:** Aaron Pruzansky Complete

> **Agent/Broker Number:** 5d09df9a

Details of Group / Team:

Group Name: Group/Team Leader Name: Salesian Lay Mission Adam Rudin

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 2 Lfevre Lane

City: State: New Rochelle New York Postal code: **Country: United States** 10802

Telephone home:

BILLING ADDRESS:

Address line 2: Address line 1: 2 Lfevre Lane

City: State: New Rochelle New York Postal code: 10802 **Country: United States**

9146338344 **Telephone home:**

Group / Team E-mail: chantel@azimuthrisk.com

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Emmanuel Mendez	M	06/06/1989	09/21/2016	09/20/2017	\$ 250.00	\$ 600000	365	1.94	Yes	\$ 708.10
Cara Weidinger	F	07/08/1994	10/11/2016	10/10/2017	\$ 250.00	\$ 600000	365	1.94	Yes	\$ 708.10
Erin Brennan	F	11/28/1991	10/01/2016	09/30/2017	\$ 250.00	\$ 600000	365	1.62	No	\$ 591.30
Steve Widelski	M	05/28/1975	10/01/2016	09/30/2017	\$ 250.00	\$ 600000	365	1.94	Yes	\$ 708.10

Total Policy Premium

\$ 2,715.60

Premium:

Net Premium: \$ 2,715.60 **Premium Paid to date:** \$ 2,715.60

Premium: \$ 2,715.60

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
03/10/2016	Other		\$ 2,715.60	Registration	