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## **International Assurance Application Form Details**

**Insurance Services of** 

Currency: US

America, Inc.

Data Date: 03/17/2016

**POLICY NUMBER:** BG001030-23-6789eee5 Contract Note:

**Type of Contract:** Agent/Broker Name: International Assurance

**Graham Bates** 

03/17/2016 **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:

City:

563 E Pennsylvania Ave

Address line 2:

**Application Date:** 

Texas

Postal code: 75790 **Country:** 

State:

**United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1:

563 E Pennsylvania Ave

Address line 2:

City:

Van 75790

Van

State:

Texas

Postal code: **Telephone home:** 

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 02/18/1964 03/19/2016 03/26/2016 \$ 0.00 \$ 600000 8 2.02 No \$ 16.16 Janet Arnold 12/06/1991 03/19/2016 03/26/2016 \$ 600000 8 2.02 \$ 16.16 Tanner Arnold M \$ 0.00 No

## **Total Policy Premium**

\$ 32.32

Premium:

**Net Premium:** \$ 32.32 \$ 32.32 Premium:

**Premium Paid to date:** 

\$ 32.32

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
17/03/2016	Other		\$ 32.32	Registration	