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## **International Assurance Application Form Details**

**Insurance Services of** 

Currency: US

America, Inc.

Data Date: 12/29/2015

**POLICY NUMBER:** BG001030-23-6dc4738f Contract Note:

**Type of Contract: Application Date: International Assurance** 12/29/2015 Agent/Broker Name: **Policy status:** Graham Bates 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: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

**Country:** Postal code: 75790 **United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 2: Address line 1: 563 E Pennsylvania Ave

City: State: Van Texas

Postal code: 75790 **Country: United States** 

**Telephone home:** 8006474589 Group / Team E-mail: teams@nvm.org

## Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date</b>	<b>Term Date</b>	Deductible	Limit	Days	Rate	Sports	Premium
Aaron Elliott	M	04/12/1976	01/09/2016	01/12/2016	\$ 0.00	\$ 600000	4	2.02	No	\$ 8.08
Josiah Haken	M	12/15/1985	01/09/2016	01/12/2016	\$ 0.00	\$ 600000	4	2.02	No	\$ 8.08
Jonathan Crawford	M	03/27/1990	01/09/2016	01/12/2016	\$ 0.00	\$ 600000	4	2.02	No	\$ 8.08
David Bell	M	02/04/1973	01/09/2016	01/12/2016	\$ 0.00	\$ 600000	4	2.02	No	\$ 8.08

## **Total Policy Premium**

\$ 32.32

Premium:

**Net Premium:** \$ 32.32 **Premium Paid to date:** \$ 32.32

**Premium:** \$ 32.32

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
29/12/2015	Other		\$ 32.32	Registration	