\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 01/08/2015

POLICY NUMBER: BG001030-23-71de5f42 Contract Note:

Type of Contract: Application Date: International Assurance 01/08/2015 Agent/Broker Name: **Policy status: Graham Bates** Complete

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Group/Team Leader Name: Nehemiah Vision Ministries Cathi Ortiz

MAIL FORWARDING ADDRESS:

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

City: State: Van Texas

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

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: 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]:

Start Date Term Date Deductible Person Gender DoB Limit **Days Rate Sports Premium**

Charles Easton M 06/04/1956 01/08/2015 01/23/2015 \$ 0.00 \$ 600000 16 2.02 No \$ 32.32

Total Policy Premium

\$ 32.32

Premium:

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

Premium: \$ 32.32

Payment History:

Method **Card Type Remarks** Action **Date Amount** 08/01/2015 Other \$ 32.32 Registration