\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 10/11/2016

POLICY NUMBER: BG001030-23-73c6a915 Contract Note:

Type of Contract: International Assurance Agent/Broker Name:

Graham Bates

Application Date:

Policy status: Complete

Agent/Broker Number: 5ef5ae11

Details of Group / Team:

Group Name: Group/Team Leader Name: Mercy Ships Janet Butler

10/11/2016

MAIL FORWARDING ADDRESS:

Address line 1: 15862 HWY 110 N

> State: Lindale Tennessee **Country:** 75771 **United States**

Address line 2:

Telephone home:

Postal code:

City:

BILLING ADDRESS:

Address line 1: Address line 2: 15862 HWY 110 N

City: State: Lindale Tennessee Postal code: **Country:** 75771 **United States**

Telephone home: 9032538143

Group / Team E-mail: janet.butler@mercyships.org

Insured Persons [Original Information]:

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

Mark A Wright M 09/06/1970 10/02/2016 12/23/2016 \$ 50.00 \$ 600000 83 1.82 No \$ 151.06

Total Policy Premium

\$ 151.06

Premium:

Net Premium: \$ 151.06 **Premium Paid to date:** \$ 151.06

Premium: \$ 151.06

Payment History:

Method **Card Type Remarks** Action Date **Amount**

\$ 151.06 11/10/2016 Other Registration