\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 02/13/2017

POLICY NUMBER: BG001030-23-745bfb45 Contract Note:

Type of Contract: Application Date: International Assurance 02/13/2017 Agent/Broker Name: **Policy status: Graham Bates** Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

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

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** Charlotte Schmitt M 05/19/1969 02/17/2017 02/26/2017 \$ 0.00 \$ 600000 10 2.02 No \$ 20.20

Total Policy Premium

\$ 20.20

Premium:

Net Premium: \$ 20.20 **Premium Paid to date:** \$ 20.20

Premium: \$ 20.20

Payment History:

Method **Card Type Remarks** Action **Date Amount** 13/02/2017 Other \$ 20.20 Registration