\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 02/06/2018

POLICY NUMBER: BG001030-23-765e9179 Contract Note:

Type of Contract: International Assurance Agent/Broker Name: Insurance Services of

America

Application Date:

02/06/2018

Policy status: Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries **Group/Team Leader Name:**

Mission Director

MAIL FORWARDING ADDRESS:

Address line 1:

563 E Pennsylvania Ave City: Van

State:

Address line 2:

Texas

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

Telephone home:

City:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Address line 2: State:

Texas Van Postal code: 75790 **Country:**

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

Insured Persons [Original Information]:

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

Wes Bacon M 08/18/1952 02/05/2018 02/15/2018 \$ 0.00 \$ 600000 11 2.02 No \$ 22.22

Total Policy Premium

\$ 22.22

Premium:

Net Premium: \$ 22.22 **Premium Paid to date:** \$ 22.22

\$ 22.22 **Premium:**

Payment History:

Card Type Remarks Action Date Method Amount 06/02/2018 \$ 22.22 Other Registration