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into VBA

## International Assurance Application Form Details

Insurance Services of  
America, Inc.

Currency: US

Data Date: 10/10/2017

Contract Note:

**POLICY NUMBER:** BG001030-23-7870ccf7

**Type of Contract:**

International Assurance

**Application Date:**

10/10/2017

**Agent/Broker Name:**

Graham Bates

**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

**Address line 2:**

**City:**

Van

**State:**

Texas

**Postal code:**

75790

**Country:**

United States

**Telephone home:**

BILLING ADDRESS:

**Address line 1:**

563 E Pennsylvania Ave

**Address line 2:**

**City:**

Van

**State:**

Texas

**Postal code:**

75790

**Country:**

United States

**Telephone home:**

8006474589

**Group / Team E-mail:**

teams@nvm.org

Insured Persons [Original Information] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Duard Givens	M	08/09/1955	10/11/2017	10/19/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Ryan Wells	M	03/17/1991	10/11/2017	10/19/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Matthew Gilland	M	01/29/1983	10/11/2017	10/19/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Jason Huibregtse	M	12/20/1981	10/11/2017	10/19/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

**Total Policy Premium**

\$ 72.72

Premium:

**Net Premium:**

\$ 72.72

**Premium Paid to date:**

\$ 72.72

**Premium:**

\$ 72.72

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
10/10/2017	Other	---	\$ 72.72	Registration	