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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 02/05/2016

POLICY NUMBER: BG001030-23-7e70f127 Contract Note:

Type of Contract: Application Date: International Assurance 02/05/2016 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**

M 01/04/1973 02/19/2016 02/29/2016 \$ 0.00 \$ 600000 11 2.02 No \$ 22.22 Angela Mollenkopf

Total Policy Premium

\$ 22.22

Premium:

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

Premium: \$ 22.22

Payment History:

Method **Card Type Remarks** Action **Date Amount** 05/02/2016 \$ 22.22 Other Registration