## $\Box$ CR Records Printed $\Box$ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 09/27/2016

**POLICY NUMBER:** BG001030-23-7f25b192 Contract Note:

**Type of Contract:** International Assurance Agent/Broker Name:

**Graham Bates** 

**Application Date:** 

**Policy status:** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

**Group Name:** Nehemiah Vision Ministries

Van

**Group/Team Leader Name:** 

Cathi Ortiz

09/27/2016

MAIL FORWARDING ADDRESS:

Address line 1:

Postal code:

City:

City:

563 E Pennsylvania Ave

Address line 2:

State:

Texas

75790

**Country:** 

**United States** 

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: 563 E Pennsylvania Ave

Van

Postal code: 75790

**Telephone home:** 8006474589

Group / Team E-mail:

teams@nvm.org

Address line 2:

State: **Country:**  Texas

**United States** 

Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date Term Date</b>	Deductible	Limit	Days	Rate	Sports	Premium
Janel Guyette	M	11/26/1968	10/08/2016 10/16/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Monica Tatum	M	05/15/1980	10/08/2016 10/16/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Benjamin Guyette	M	12/09/1998	10/08/2016 10/16/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

## **Total Policy Premium**

\$ 54.54

Premium:

**Premium:** 

\$ 54.54 **Net Premium:** 

\$ 54.54

**Premium Paid to date:** 

\$ 54.54

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
27/09/2016	Other		\$ 48.48	Registration	