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International Assurance Application Form Details

Insurance Services of

Currency: US

America, Inc.

Data Date: 09/28/2016

Contract Note: POLICY NUMBER: BG001030-23-81db6a09

Type of Contract:International AssuranceApplication Date:09/28/2016Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Salesian Lay Mission Group/Team Leader Name: Adam Rudin

MAIL FORWARDING ADDRESS:

Address line 1: 2 Lfevre Lane Address line 2:

City: New Rochelle State: New York
Postal code: 10802 Country: United States

Telephone home:

BILLING ADDRESS:

Address line 1: 2 Lfevre Lane Address line 2:

City: New Rochelle State: New York
Postal code: 10802 Country: United States

Telephone home: 9146338344

Group / Team E-mail: AdamR@SalesianMissions.org

Insured Persons [Original Information]:

Person Gender DoB **Start Date Term Date Deductible** Limit **Days Rate Sports Premium** Megan Schneider F 09/21/1993 09/19/2016 09/18/2017 \$ 250.00 \$ 600000 365 1.94 Yes \$ 708.10 **Rhiannon Richards** F 09/06/1994 09/26/2016 09/25/2017 \$ 250.00 365 1.94 Yes \$ 708.10 \$ 600000

Total Policy Premium

\$ 1,416.20

Premium:

Net Premium: \$1,416.20 Premium Paid to date: \$1,416.20

Premium: \$ 1,416.20

Payment History:

DateMethodCard TypeAmountRemarksAction28/09/2016Other---\$ 1,182.60Registration