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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 07/23/2015

Contract Note: POLICY NUMBER: BG001030-23-828b41db

Type of Contract:International AssuranceApplication Date:07/23/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Cathi Ortiz

Tenenman vision vision in a cause of the

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

 Larry Barthuly
 M
 03/09/1964
 08/01/2015
 08/09/2015
 \$ 0.00
 \$ 600000
 9
 2.02
 No
 \$ 18.18

**Total Policy Premium** 

\$ 18.18

Premium:

Net Premium: \$ 18.18 Premium Paid to date: \$ 18.18

**Premium:** \$ 18.18

Payment History:

DateMethodCard TypeAmountRemarksAction23/07/2015Other---\$ 18.18Registration