\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 03/19/2018

POLICY NUMBER: BG001030-23-8518f254 Contract Note:

Type of Contract: International Assurance Agent/Broker Name: Insurance Services of

America

Policy status:

Application Date:

03/19/2018

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**

Country: Postal code: 75790 **United States**

Telephone home:

City:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Address line 2:

State:

Texas Van 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** 10/30/1957 03/19/2018 03/23/2018 M \$ 0.00 \$ 600000 5 2.02 No \$ 10.10 Mark Thompson

Total Policy Premium

\$ 10.10

Premium:

Net Premium: \$ 10.10 **Premium Paid to date:** \$ 10.10

\$ 10.10 **Premium:**

Payment History:

Card Type Remarks Action Date Method Amount 19/03/2018 Other \$ 10.10 Registration