

Insurance Services of
America, Inc.

Currency: US

Data Date: 09/27/2016

Contract Note: **POLICY NUMBER: BG001030-23-8b73bf41**

Type of Contract:	International Assurance	Application Date:	09/27/2016
Agent/Broker Name:	Graham Bates	Policy status:	Complete
		Agent/Broker Number:	91f036ef

Details of Group / Team:

Group Name:	Nehemiah Vision Ministries	Group/Team Leader Name:	Cathi Ortiz
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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
Jim Butler	M	08/13/1959	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Keith Allen	M	05/31/1971	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Ted Gray	M	11/02/1967	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Jonah Gray	M	01/31/1999	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Tim Miller	M	08/01/1977	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Alicia Cross	M	05/25/1977	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Luan Prater	M	02/17/1959	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Mander Prater	M	08/29/1960	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Tanya Przybyszewski	M	09/04/1971	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Josiah Przybyszewski	M	06/06/2000	10/07/2016	10/15/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

Total Policy Premium

\$ 181.80

Premium:

Net Premium:	\$ 181.80	Premium Paid to date:	\$ 181.80
Premium:	\$ 181.80		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
27/09/2016	Other	---	\$ 181.80	Registration	