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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 07/12/2016

**POLICY NUMBER:** BG001030-23-8dba0647 Contract Note:

**Type of Contract: Application Date:** International Assurance 07/12/2016 Agent/Broker Name: **Policy status: Graham Bates** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

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

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: Address line 2: 563 E Pennsylvania Ave

City: State: Van Texas

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** M 10/30/1957 07/12/2016 07/19/2016 \$ 0.00 \$ 600000 2.02 No \$ 16.16 Mark Thompson

**Total Policy Premium** 

\$ 16.16

Premium:

**Net Premium:** \$ 16.16 **Premium Paid to date:** \$ 16.16

**Premium:** \$ 16.16

Payment History:

Method **Card Type** Remarks Action **Date Amount** 12/07/2016 Other \$ 16.16 Registration