☐ CR Records Printed ☐ Entered into VBA

International Assurance Application Form Details

Insurance Services of

Agent/Broker Name:

America, Inc.

Currency: US

Data Date: 11/30/2017

Contract Note: POLICY NUMBER: BG001030-23-8f3a3d4e

Type of Contract: International Assurance

Graham Bates

Van

Application Date:

Policy status: Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries

Group/Team Leader Name:

Mission Director

11/30/2017

MAIL FORWARDING ADDRESS:

Address line 1:

City:

City:

563 E Pennsylvania Ave

Address line 2:

State: Texas

Postal code: 75790

5790

Country:

United States

Telephone home:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Van

Address line 2: State:

Postal code: 75790

`

75/30

Country:

United States

Texas

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

Mark Thompson M 10/30/1957 11/30/2017 12/06/2017 \$ 0.00 \$ 600000 7 2.02 No \$ 14.14

Total Policy Premium

\$ 14.14

Premium:

 Net Premium:
 \$ 14.14

 Premium:
 \$ 14.14

Premium Paid to date:

\$ 14.14

Payment History:

Date Method Card Type Amount Remarks Action

--- \$ 0.00 Registration