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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 12/21/2015

Contract Note: POLICY NUMBER: BG001030-23-9178f686

Type of Contract:International AssuranceApplication Date:09/02/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 5ef5ae11

Details of Group / Team:

Group Name: Salesian Lay Missioners Group/Team Leader Name: Adam Rudin

MAIL FORWARDING ADDRESS:

Address line 1: 2 Lefevre Lane Address line 2:

City:New RochelleState:New YorkPostal code:10802Country:United States

**Telephone home:** 

BILLING ADDRESS:

Address line 1: 2 Lefevre Lane Address line 2:

City: New Rochelle State: New York
Postal code: 10802 Country: United States

**Telephone home:** 914-633-8344

Group / Team E-mail: AdamR@SalesianMissions.org

Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date</b>	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Daniel Mathews	M	07/30/1953	08/28/2015	08/27/2016	\$ 250.00	\$ 600000	366	1.94	Yes	\$ 710.04
Emmanuel Mendez	M	06/06/1989	09/21/2015	09/20/2016	\$ 250.00	\$ 600000	366	1.94	Yes	\$ 710.04
Colleen Burns	F	06/10/1965	09/21/2015	09/20/2016	\$ 250.00	\$ 600000	366	1.94	Yes	\$ 710.04
Michael Gordon	M	04/16/1993	09/21/2015	09/20/2016	\$ 250.00	\$ 600000	366	1.94	Yes	\$ 710.04

## **Total Policy Premium**

\$ 2,840.16

Premium:

Net Premium: \$ 2,840.16 Premium Paid to date: \$ 2,840.16

**Premium:** \$ 2,840.16

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
02/09/2015	Other		\$ 2,840.16	Registration	