\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 07/19/2018

Contract Note: POLICY NUMBER: 201827566

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

America

Application Date: Policy status:

07/09/2018 Complete

Texas

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Missions Director

MAIL FORWARDING ADDRESS:

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

City: Van State:

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
Timothy Gaskin	M	05/21/1975	07/09/2018	07/10/2018	\$ 0.00	\$ 600000	2	2.02	No	\$ 4.04
Karmen Gaskin	M	12/21/1975	07/09/2018	07/10/2018	\$ 0.00	\$ 600000	2	2.02	No	\$ 4.04
Emily Gaskin	M	07/26/2004	07/09/2018	07/10/2018	\$ 0.00	\$ 600000	2	2.02	No	\$ 4.04
Brooke Gaskin	M	07/13/2007	07/09/2018	07/10/2018	\$ 0.00	\$ 600000	2	2.02	No	\$ 4.04

Total Policy Premium

\$ 16.16

Premium:

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

Premium: \$ 16.16

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
09/07/2018	Other		\$ 16.16	Registration	