\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

06/16/2017

Insurance Services of

America, Inc.

Currency: US

Data Date: 06/16/2017

POLICY NUMBER: BG001030-23-93ed5894 Contract Note:

Type of Contract: Application Date: International Assurance 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 Mission Director

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]:

DoB **Start Date Term Date Deductible** Person Gender Limit **Days Rate Sports Premium** Sara Hope F 31

09/23/1991 06/13/2017 07/13/2017 \$ 0.00 \$ 600000 2.02 No \$ 62.62

Total Policy Premium

\$ 62.62

Premium:

Net Premium: \$ 62.62 **Premium Paid to date:** \$ 62.62

Premium: \$ 62.62

Payment History:

Method **Card Type Remarks** Action **Date Amount** 16/06/2017 Other \$ 56.56 Registration