\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 08/14/2018

POLICY NUMBER: 201818004 Contract Note:

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

America

Application Date: Policy status:

07/23/2018 Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

Pam Brower

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

City: Van

State: Texas

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

Telephone home:

City:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Postal code: 75790

Van

Telephone home: 8006474589 **Group / Team E-mail:** teams@nvm.org Address line 2:

Address line 2:

State: Texas

Country: United States

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Pam Brower	M	08/19/1960	09/08/2018	09/15/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Wayne Brower	M	12/16/1950	09/08/2018	09/15/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Debra Corley	M	03/28/1959	09/08/2018	09/15/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Suzie Howell	M	01/02/1955	09/08/2018	09/15/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Bethany Mayes	M	03/31/1988	09/08/2018	09/15/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Lloyd Nichols	M	09/14/1960	09/08/2018	09/15/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Marion Smith	M	09/27/1937	09/08/2018	09/15/2018	\$ 0.00	\$ 12000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 113.12

Premium:

Premium Paid to date: Net Premium: \$ 113.12 \$ 113.12

\$ 113.12 Premium:

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
23/07/2018	Other		\$ 113.12	Registration	