\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 02/14/2017

POLICY NUMBER: BG001030-23-a11f9e87 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 Cathi Ortiz

02/14/2017

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]:

Start Date Term Date Deductible Person Gender DoB Limit **Days Rate Sports Premium**

M 05/21/1975 02/14/2017 02/20/2017 \$ 0.00 \$ 600000 7 2.02 No \$ 14.14 Timothy Gaskin

Total Policy Premium

\$ 14.14

Premium:

Net Premium: \$ 14.14 **Premium Paid to date:** \$ 14.14

Premium: \$ 14.14

Payment History:

Method **Card Type** Remarks Action **Date Amount**

14/02/2017 \$ 14.14 Other Registration