\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of America, Inc.

Currency: US

Data Date: 04/07/2020

BG001030-23-aa2be9f9 **POLICY NUMBER:** Contract Note:

Type of Contract: International Assurance

Insurance Services of America

Application Date:

Policy status: Complete

Agent/Broker Number:

91f036ef

12/09/2019

Details of Group / Team:

Agent/Broker Name:

Group Name: Group/Team Leader Name: Dunn Insurance Paul Dunn

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 103 W 3rd ave

City: State: 28052 North Carolina Postal code: **Country: United States**

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: 103 W 3rd ave

City: State: Gastonia North Carolina Postal code: **Country:** 28052 **United States**

Telephone home: 704-813-3680

Group / Team E-mail: prdunn69@gmail.com

Insured Persons [Original Information]:

Person Gender DoB Start Date Term Date Deductible Limit Days Rate Sports Citizenship Country Pro

50000 151 1.65 Paul Dunn 06/09/1946 12/17/2019 05/15/2020 \$ 0.00 M **United States**

50000 151 1.65 No Cheryl Dunn 11/04/1948 12/17/2019 05/15/2020 \$ 0.00 F **United States**

Total Policy Premium

\$498.30

Premium:

Net Premium: \$498.30 Premium Paid to date: \$ 498.30

Premium: \$498.30

Payment History:

Method **Card Type Remarks Date** Amount Acti 09/12/2019 CreditCard Visa \$498.30 Registration