## □ CR Records Printed □ Entered into VBA

## **International Assurance Application Form Details**

Azimuth Risk Solutions Currency: US

Data Date: 10/27/2014

Contract Note: POLICY NUMBER: BG001030-23-ab09af28

Type of Contract:International AssuranceApplication Date:10/27/2014Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Salesian Lay Missioners Group/Team Leader Name: Adam Rudin

MAIL FORWARDING ADDRESS:

Address line 1:2 Lefevre LaneAddress line 2:PO Box 30City:New RochelleState:New YorkPostal code:10802Country:United States

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1:2 Lefevre LaneAddress line 2:PO Box 30City:New RochelleState:New YorkPostal code:10802Country:United States

**Telephone home:** 914-633-8344

Group / Team E-mail: AdamR@SalesianMissions.org

Insured Persons [Original Information]:

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

 Tara Bailey
 F
 11/06/1991
 11/05/2014
 11/04/2015
 \$ 250.00
 \$ 600000
 365
 1.62
 No
 \$ 591.30

## **Total Policy Premium**

\$ 591.30

Premium:

Net Premium: \$591.30 Premium Paid to date: \$591.30

**Premium:** \$ 591.30

Payment History:

DateMethodCard TypeAmountRemarksAction27/10/2014Other---\$ 591.30Registration