## $\Box$ CR Records Printed $\Box$ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 07/10/2017

**POLICY NUMBER:** BG001030-23-abc95fa9 Contract Note:

**Type of Contract: Application Date:** International Assurance 07/10/2017 Agent/Broker Name: **Policy status: Graham Bates** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave Address line 2:

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** Leonard Robinson M 04/18/1956 07/06/2017 07/11/2017 \$ 0.00 \$ 600000 2.02 No \$ 12.12 6 Jennifer Robinson F 08/28/1957 07/06/2017 07/11/2017 \$ 600000 2.02 \$ 0.00 6 No \$ 12.12

## **Total Policy Premium**

\$ 24.24

Premium:

**Net Premium:** \$ 24.24 **Premium Paid to date:** \$ 24.24

\$ 24.24 Premium:

Payment History:

Method **Card Type** Remarks Action **Date Amount** 10/07/2017 Other \$ 8.08 Registration