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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 06/21/2014

Contract Note: POLICY NUMBER: BG001030-23-c06fba79

Type of Contract: International Assurance Application Date: 06/19/2014

Agent/Broker Name: Charles Short Policy status: Complete

Policy status: Complete
Agent/Broker Number: 46077967

Details of Group / Team:

Group Name: Tomaz Otachel Group/Team Leader Name: Tomaz Otachel

MAIL FORWARDING ADDRESS:

Address line 1: 293 Orhcard Hill Dr. Address line 2:

City: West Carrolton State: Ohio

Postal code: 45449 Country: United States

Telephone home:

BILLING ADDRESS:

Address line 1: 293 Orhcard Hill Dr. Address line 2:

City: West Carrolton State: Ohio

Postal code: 45449 Country: United States

Telephone home: 937-867-6595

Group / Team E-mail: tomotachel@latan.com

Insured Persons [Original Information]:

Start Date Term Date Deductible Person Gender DoB Limit **Days Rate Sports Premium** Tomaz Otachel 11/17/1980 07/01/2014 07/22/2014 \$ 0.00 \$ 600000 22 2.02 No \$ 44.44 M Cohen Otachel 08/12/2012 07/01/2014 07/22/2014 \$ 600000 22 2.02 \$ 44.44 M \$ 0.00 No

Total Policy Premium

\$88.88

Premium:

Net Premium: \$88.88 Premium Paid to date: \$88.88

Premium: \$ 88.88

Payment History:

DateMethodCard TypeAmountRemarksAction---\$ 0.00Registration