\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 09/12/2017

POLICY NUMBER: BG001030-23-c101ce09 Contract Note:

Type of Contract: International Assurance Agent/Broker Name:

Graham Bates

Application Date:

Policy status: Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

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

Mission Director

09/12/2017

MAIL FORWARDING ADDRESS:

Address line 1:

City:

563 E Pennsylvania Ave

Address line 2:

Texas

Postal code: 75790 **Country:**

State:

United States

Telephone home:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Address line 2:

City: Van

75790

Van

Postal code: **Telephone home:**

8006474589

Group / Team E-mail: teams@nvm.org **Country:**

State:

United States

Texas

Insured Persons [Original Information]:

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

Kim Jensen M 09/25/1969 10/14/2017 10/21/2017 \$ 0.00 \$ 600000 2.02 No \$ 16.16

Total Policy Premium

\$ 16.16

Premium:

Net Premium: \$ 16.16 **Premium:** \$ 16.16 **Premium Paid to date:**

\$ 16.16

Payment History:

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

12/09/2017 Other \$ 16.16 Registration