## □ CR Records Printed □ Entered into VBA

## **International Assurance Application Form Details**

Insurance Services of America, Inc.

Currency: US

Data Date: 03/12/2020

Contract Note:

POLICY NUMBER:

802047483

**Type of Contract:** Agent/Broker Name:

International Assurance

Insurance Services of America

**Application Date:** 

**Policy status:** 

Complete

03/06/2020

Agent/Broker Number:

91f036ef

Details of Group / Team:

**Group Name:** 

Sophion

**Group/Team Leader Name:** 

Fredrick Cheboi

MAIL FORWARDING ADDRESS:

Address line 1:

3 Kenmar Billerica

Address line 2: State:

Unit 12

Postal code:

City:

01821

Country:

State:

Country:

Massachusetts **United States** 

Telephone home:

**BILLING ADDRESS:** 

Address line 1:

3 Kenmar

City: Postal code: Billerica

01821

DoB

Telephone home:

781-885-9733

Group / Team E-mail:

Fredrick K Cheboi

fredcheboi@gmail.com

Address line 2: Unit 12

Massachusetts

**United States** 

Insured Persons [Original Information]:

Person

Gender

M

Start Date Term Date Deductible Limit Days Rate Sports Citizenship Count 11/28/1978 03/28/2020 04/24/2020

1.65

No

Kenya

**Total Policy Premium** 

\$ 0.00

\$46.20

Premium:

**Net Premium:** 

\$ 46.20

Premium Paid to date:

\$46.20

Premium:

\$ 46.20

Payment History:

Method **Date** 06/03/2020 CreditCard **Card Type** Amex

Amount \$ 46.20

Remarks Registration