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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 10/03/2018

**POLICY NUMBER:** 701823374 Contract Note:

**Type of Contract: International Assurance** Agent/Broker Name: Insurance Services of

America

Address line 2:

**Application Date:** 

10/01/2018

Texas

**Policy status:** Complete

**Agent/Broker Number:** 1767e2c0

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

City:

State: Texas

Van Postal code: **Country:** 75790 **United States** 

**Telephone home:** 

City:

**BILLING ADDRESS:** 

Address line 1: 563 E Pennsylvania Ave

Van

Address line 2: State:

Postal code: 75790 **Country: United States** 

**Telephone home:** 8006474589 **Group / Team E-mail:** Teams@nvm.org

Insured Persons [Original Information]:

Person	Gender	DoB	<b>Start Date Term Date I</b>	<b>Deductible</b>	Limit	Days	Rate	<b>Sports</b>	Premium
Cherilyn Warner	M	7/9/1950	10/01/2018 10/27/2018	\$ 0.00	\$ 600000	27	2.02	No	\$ 54.54
James Warner	M	5/22/1951	10/11/2018 10/27/2018	\$ 0.00	\$ 600000	17	2.02	No	\$ 34.34
Steve Hopper	M	8/21/1951	10/11/2018 10/19/2018	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

## **Total Policy Premium**

\$ 107.06

Premium:

**Net Premium:** \$ 107.06 **Premium Paid to date:** \$ 107.06

\$ 107.06 Premium:

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
01/10/2018	Other		\$ 107.06	Registration	