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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 08/14/2018

**POLICY NUMBER:** 201812992 Contract Note:

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

America

**Policy status:** 

**Application Date:** 

07/30/2018

Complete

**Agent/Broker Number:** 5ef5ae11

Details of Group / Team:

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

Adam Robinson

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

City:

State:

Address line 2:

Van **Texas** 

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

**Telephone home:** 

**BILLING ADDRESS:** 

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

City: **State:** Van Texas

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

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

Insured Persons [Original Information]:

Person Gender DoB **Start Date Term Date Deductible** Limit **Days Rate Sports Premium** 08/28/1957 07/26/2018 08/02/2018 Jennifer Robinson M \$ 0.00 \$ 600000 8 2.02 No \$ 16.16

## **Total Policy Premium**

\$ 16.16

Premium:

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

\$ 16.16 **Premium:** 

Payment History:

**Card Type Remarks Action Date** Method Amount 30/07/2018 Other \$ 16.16 Registration