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## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 04/01/2016

Contract Note: POLICY NUMBER: BG001030-23-c654b4a4

Type of Contract:International AssuranceApplication Date:04/01/2016Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Cathi Ortiz

MAIL FORWARDING ADDRESS:

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

City: Van State: Texas

Postal code: 75790 Country: United States

**Telephone home:** 

BILLING ADDRESS:

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

City: Van State: Texas

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</b>	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Daniel O' Berski	M	03/12/1981	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Kristin O' Berski	M	05/25/1980	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Olexandr O' Berski	M	07/27/2003	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Madeline O' Berski	M	11/25/2006	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Sydney O' Berski	M	02/09/2005	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Elisabeth O' Berski	M	08/26/2008	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Hudson O' Berski	M	10/27/2010	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Carson Neal	M	12/29/1969	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Oliver Neal	M	02/19/2004	03/29/2016	04/03/2016	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12

## **Total Policy Premium**

\$ 109.08

Premium:

Net Premium: \$ 109.08 Premium Paid to date: \$ 109.08

**Premium:** \$ 109.08

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
01/04/2016	Other		\$ 54.54	Registration	