\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 08/04/2016

Contract Note: POLICY NUMBER: BG001030-23-c68bfa93

Type of Contract:International AssuranceApplication Date:08/04/2016Agent/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

Tellerman Vision Windstres

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	Start Date Te	erm Date D	eductible	Limit	Days	Rate	Sports	Premium
Charlene Johnson	M	12/17/1962	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Larissa Johnson	M	12/01/2001	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Louis Rafetto	M	04/23/1951	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Claire Edge	M	06/02/1990	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Terri Cline	M	03/07/1957	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Alexandra Rafetto	M	11/25/1993	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Laura Heyse	M	10/23/1986	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Peggy Dell	M	08/08/1957	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Emily Boydston	M	10/11/1987	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Laural Wagley	M	08/26/1975	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Aubree Dell	M	07/14/1987	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Melissa Jones	M	05/24/1967	08/27/2016 09	0/03/2016	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 193.92

Premium:

Net Premium: \$ 193.92 Premium Paid to date: \$ 193.92

Premium:

Premium: \$ 193.92

Payment History:					
Date	Method	Card Type	Amount	Remarks	Action
04/08/2016	Other		\$ 193.92	Registration	