\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 06/05/2017

Contract Note: POLICY NUMBER: BG001030-23-cac9ddd7

Type of Contract:International AssuranceApplication Date:06/05/2017Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Mission Director

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	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Abigail Gift	M	05/14/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jonathon Osgood	M	06/05/2000	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Lydia Hadley	M	01/10/2002	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Kyle Zachmann	M	05/23/1999	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Olivia Beardslee	M	01/15/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jacob Bickel	M	04/12/2000	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Katelyn Murray	M	06/01/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Ella Murphy	M	04/13/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Allison Mann	M	11/26/2000	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Cana Smith	M	04/30/2000	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sarah Hamlet	M	04/27/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Kara Arnold	M	02/10/2000	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Braden Jarvis	M	12/19/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Gabriel Santee	M	08/31/2001	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sophia Miller	M	11/11/1999	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Sydeny Rader	M	12/14/2000	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jim Rinehart	M	10/01/1974	07/15/2017	07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Kevin Murray	M	01/02/1969 07/15/2017 07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Aaron Osgood	M	06/14/1971 07/15/2017 07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Jackson Heldt	M	03/01/2001 07/15/2017 07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Allison Wakefield	M	05/10/1985 07/15/2017 07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Shannon Rinehart	M	08/24/1977 07/15/2017 07/22/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16

Total Policy Premium

\$ 355.52

Premium:

Net Premium: \$ 355.52 Premium Paid to date: \$ 355.52

Premium: \$ 355.52

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
05/06/2017	Other		\$ 355.52	Registration	