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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 07/06/2017

Contract Note: POLICY NUMBER: BG001030-23-d13967c8

Type of Contract: International Assurance Application Date:
Agent/Broker Name: Graham Bates Policy status:

Policy status: Complete
Agent/Broker Number: 91f036ef

07/06/2017

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	_			Deductible		•		-	
Jeffrey Scott	M	05/05/1954	07/31/2017	08/05/2017	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Daniel de Cysne Messina	M	02/18/1993	07/31/2017	08/05/2017	\$ 0.00	\$ 600000	6	2.02	No	\$ 12.12
Angela Mollenkopf	M	01/04/1993	07/12/2017	07/26/2017	\$ 0.00	\$ 600000	15	2.02	No	\$ 30.30

## **Total Policy Premium**

\$ 54.54

Premium:

Net Premium: \$54.54 Premium Paid to date: \$54.54

**Premium:** \$ 54.54

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
06/07/2017	Other		\$ 54.54	Registration	