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

# **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 06/14/2016

**POLICY NUMBER:** BG001030-23-d5c04541 Contract Note:

**Type of Contract: Application Date:** International Assurance 06/14/2016 Agent/Broker Name: **Policy status: Graham Bates** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

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

City: State: Van Texas

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

**Telephone home:** 

**BILLING ADDRESS:** 

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

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	<b>Start Date Term Date I</b>	<b>Deductible</b>	Limit	Days	Rate	Sports	Premium
Amber Janes	M	06/21/1976	06/14/2016 06/23/2016	\$ 0.00	\$ 600000	10	2.02	No	\$ 20.20
Debra Hudson	ı M	02/08/1953	06/21/2016 06/27/2016	\$ 0.00	\$ 600000	7	2.02	No	\$ 14.14
Sandra Harris	M	02/02/1971	06/21/2016 06/27/2016	\$ 0.00	\$ 600000	7	2.02	No	\$ 14.14

#### **Total Policy Premium**

\$48.48

Premium:

\$48.48 \$48.48 **Net Premium: Premium Paid to date:** 

**Premium:** \$ 48.48

### Payment History:

Date	Method	Card Type	Amount	Remarks	Action
14/06/2016	Other		\$ 48.48	Registration	