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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 12/03/2015

Contract Note: POLICY NUMBER: BG001030-23-da7c84e8

Type of Contract:International AssuranceApplication Date:12/03/2015Agent/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	Start Date Term Date 1	Deductible	Limit	Days	Rate	Sports	Premium
Kerri B	F	06/06/1981	12/01/2015 12/10/2015	\$ 0.00	\$ 600000	10	2.02	No	\$ 20.20
Akierra K	F	05/12/2006	12/01/2015 12/10/2015	\$ 0.00	\$ 600000	10	2.02	No	\$ 20.20

Total Policy Premium

\$ 40.40

Premium:

Net Premium: \$40.40 Premium Paid to date: \$40.40

Premium: \$ 40.40

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
03/12/2015	Other		\$ 32.32	Registration	