$\ \square$ CR Records Printed $\ \square$ Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 12/21/2015

Contract Note: POLICY NUMBER: BG001030-23-dc27f853

Type of Contract:International AssuranceApplication Date:12/21/2015Agent/Broker Name:Graham BatesPolicy status:Complete

Agent/Broker Number: 91f036ef

Details of Group / Team:

Group Name: Salesian Lay Missioners Group/Team Leader Name: Adam Rudin

MAIL FORWARDING ADDRESS:

Address line 1:2 Lefevre LaneAddress line 2:PO Box 30City:New RochelleState:New YorkPostal code:10802Country:United States

Telephone home:

BILLING ADDRESS:

Address line 1:2 Lefevre LaneAddress line 2:PO Box 30City:New RochelleState:New YorkPostal code:10802Country:United States

Telephone home: 914-633-8344

Group / Team E-mail: AdamR@SalesianMissions.org

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Anna Hudson	F	08/19/1988	09/01/2015 08/31/2016	\$ 250.00	\$ 600000	366	1.62	No	\$ 592.92
Wesley Hudson	M	02/25/1986	09/01/2015 08/31/2016	\$ 250.00	\$ 600000	366	1.62	No	\$ 592.92
Clare Pressimone	F	11/02/1990	11/18/2015 11/17/2016	\$ 250.00	\$ 600000	366	1.62	No	\$ 592.92

Total Policy Premium

\$ 1,778.76

Premium:

Net Premium: \$ 1,778.76 **Premium Paid to date:** \$ 1,778.76

Premium: \$ 1,778.76

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
21/12/2015	Other		\$ 1,778.76	Registration	