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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 08/14/2018

Contract Note: POLICY NUMBER: 201813193

Type of Contract: International Assurance
Agent/Broker Name: Insurance Services of

America

**Application Date: Policy status:** 

Address line 2:

08/14/2018 Complete

Texas

Texas

Agent/Broker Number: 5ef5ae11

Details of Group / Team:

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

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

City: Van State:

Postal code: 75790 Country: United States

**Telephone home:** 

City:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

563 E Pennsylvania Ave Address line 2: Van State:

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</b>	Term Date 1	Deductible	Limit	Days	Rate	<b>Sports</b>	Premium
James Warner	M	05/22/1951	08/19/2018	09/01/2018	\$ 0.00	\$ 600000	14	2.02	No	\$ 28.28
Cherilyn Warner	M	07/09/1950	08/19/2018	09/01/2018	\$ 0.00	\$ 600000	14	2.02	No	\$ 28.28
Jason Rudkin	M	06/11/1981	09/07/2018	09/14/2018	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Mark Thompson	M	10/30/1957	09/10/2018	09/14/2018	\$ 0.00	\$ 600000	5	2.02	No	\$ 10.10

## **Total Policy Premium**

\$ 82.82

Premium:

Net Premium: \$82.82 Premium Paid to date: \$82.82

**Premium:** \$82.82

Payment History:

Date	Date Method		Amount	Remarks	Action
14/08/2018	Other		\$ 82.82	Registration	