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

## **International Assurance Application Form Details**

**Insurance Services of** 

Currency: US

America, Inc.

Data Date: 07/09/2015

Contract Note: POLICY NUMBER: BG001030-23-de38c40b

Type of Contract:International AssuranceApplication Date:07/09/2015Agent/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]:

**Start Date Term Date Deductible** Person Gender DoB Limit **Days Rate Sports Premium** Charles Easton M 06/04/1956 07/29/2015 08/09/2015 \$ 0.00 \$ 600000 12 2.02 No \$ 24.24 Evan Ward 11/25/1996 08/01/2015 08/09/2015 \$ 600000 9 2.02 M \$ 0.00 No \$ 18.18

## **Total Policy Premium**

\$ 42.42

Premium:

Net Premium: \$42.42 Premium Paid to date: \$42.42

**Premium:** \$ 42.42

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
09/07/2015	Other		\$ 42.42	Registration	