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

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 06/22/2015

Contract Note: POLICY NUMBER: BG001030-23-e4b8b301

Type of Contract:International AssuranceApplication Date:06/22/2015Agent/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	<b>Start Date</b>	<b>Term Date I</b>	<b>Deductible</b>	Limit	Days	Rate	Sports	Premium
David Smith	M	03/31/1958	07/04/2015	07/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Betsy Boone	M	03/06/1963	07/04/2015	07/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Glyn Boone	M	02/22/1961	07/04/2015	07/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Joanna Boone	M	06/15/2000	07/04/2015	07/12/2015	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

## **Total Policy Premium**

\$ 72.72

Premium:

Net Premium: \$72.72 Premium Paid to date: \$72.72

**Premium:** \$ 72.72

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
22/06/2015	Other		\$ 72.72	Registration	