\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 11/06/2014

POLICY NUMBER: BG001030-23-e9b61906 Contract Note:

Type of Contract: Application Date: International Assurance Agent/Broker Name: **Policy status: Graham Bates**

Complete **Agent/Broker Number:** 91f036ef

Details of Group / Team:

Group Name: Group/Team Leader Name: harvest school clara adams

10/04/2014

MAIL FORWARDING ADDRESS:

Address line 1: Address line 2: 1363 hwy 2

City: State: blue ridge Georgia Postal code: **Country: United States** 30513

Telephone home:

BILLING ADDRESS:

Address line 1: Address line 2: 1363 hwy 2

City: State: blue ridge Georgia Postal code: **Country: United States** 30513

Telephone home: 7068893074

Group / Team E-mail: clara.adams73095@gmail.com

Insured Persons [Original Information]:

DoB **Start Date Term Date Deductible** Person Gender Limit **Days Rate Sports Premium** M 07/30/1995 11/10/2014 12/08/2014 \$ 0.00 \$ 600000 2.02 No \$ 58.58 clara adams

Total Policy Premium

\$ 58.58

Premium:

Net Premium: \$ 58.58 **Premium Paid to date:** \$ 58.58

Premium: \$ 58.58

Payment History:

Method **Card Type Remarks** Action **Date Amount** 04/10/2014 CreditCard MasterCard \$ 58.58 Registration