

Insurance Services of
America, Inc.

Currency: US

Data Date: 02/25/2016

Contract Note:

POLICY NUMBER: BG001030-23-ea5c1faf

Type of Contract:	International Assurance	Application Date:	02/25/2016
Agent/Broker Name:	Graham Bates	Policy 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	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Kevin Kindy	M	03/21/1970	03/24/2016	04/01/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Kathy Kindy	M	04/26/1972	03/24/2016	04/01/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Kayleen Kindy	M	05/17/1998	03/24/2016	04/01/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Rebekah Kindy	M	09/30/2001	03/24/2016	04/01/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Lucas Kindy	M	05/18/2003	03/24/2016	04/01/2016	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

Total Policy Premium

\$ 90.90

Premium:

Net Premium:	\$ 90.90	Premium Paid to date:	\$ 90.90
Premium:	\$ 90.90		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
25/02/2016	Other	---	\$ 90.90	Registration	