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International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 07/10/2017

Contract Note: POLICY NUMBER: BG001030-23-ee348dac

Type of Contract:International AssuranceApplication Date:07/10/2017Agent/Broker Name:Graham BatesPolicy status:Complete

Policy status: Complete
Agent/Broker Number: 91f036ef

Details of Group / Team:

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

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 I	Deductible	Limit	Days	Rate	Sports	Premium
David McAllister	· M	01/25/1962	07/22/2017	07/29/2017	\$ 0.00	\$ 600000	8	2.02	No	\$ 16.16
Hannah Powell	M	07/22/2005	07/22/2017	07/30/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Andy Powell	M	09/18/1976	07/22/2017	07/30/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Farlene Powell	M	11/19/1978	07/22/2017	07/30/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18
Brayden Powell	M	01/30/2004	07/22/2017	07/30/2017	\$ 0.00	\$ 600000	9	2.02	No	\$ 18.18

Total Policy Premium

\$88.88

Premium:

Net Premium: \$88.88 Premium Paid to date: \$88.88

Premium: \$ 88.88

Payment History:

Date Method Card Type Amount Remarks Action
--- \$ 0.00 Registration