\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 10/18/2018

POLICY NUMBER: 701823500 Contract Note:

Type of Contract: International Assurance Agent/Broker Name: Insurance Services of

America

Policy status:

Address line 2:

Application Date:

10/03/2018

Texas

Texas

Complete

Agent/Broker Number: 1767e2c0

Details of Group / Team:

Group Name: Nehemiah Vision Ministries **Group/Team Leader Name:** Missions Director

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

City: State: Van

Postal code: **Country:** 75790 **United States**

Telephone home:

City:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave

Address line 2: **State:** Van

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** 9/26/1995 10/08/2018 10/29/2018 Sommer Cantwell M \$ 0.00 \$ 600000 22 2.02 No \$ 44.44

Total Policy Premium

\$ 44.44

Premium:

Net Premium: \$ 44.44 **Premium Paid to date:** \$ 44.44

\$ 44.44 **Premium:**

Payment History:

Method **Card Type Remarks Action Date** Amount 03/10/2018 Other \$ 44.44 Registration