



Dear Agent/Broker :

The following is a copy of the Insured's application and Declaration Page for your records. Please keep this information on file in the event your client contacts you with any questions. If you have any questions or concerns regarding the following information, please do not hesitate to contact Azimuth direct in the US at 317-644-6291 or Toll Free at 888-201-8850, you may also email us at [service@azimuthrisk.com](mailto:service@azimuthrisk.com).

We understand that you have a choice when selecting a company to provide your client's and their families with the security of Medical insurance. We would like to Thank You for allowing Azimuth Risk Solutions, LLC to be your choice.

Best regards,

A handwritten signature in black ink that reads "Carlos M. Robinson". The signature is written in a cursive style and is positioned above the typed name.

Carlos M. Robinson

President  
Azimuth Risk Solutions, LLC  
[service@azimuthrisk.com](mailto:service@azimuthrisk.com)

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