



COMPANY NAME

Azimuth Risk Solutions, LLC
 1 North Pennsylvania Street, Suite 600
 Indianapolis, Indiana 46237
 (317)644-6291/ (888)201-8850
 (317)423-9620/ (888)201-8851 Fax

INVOICE

Date: 02/11/2011
 Invoice #: 51b498c35d5a

Bill To:

Nirav Samir Shah
 48 Springfield Ct
 Parsippany, New Jersey,
 United States
 973-335-4878 (phone)

Make all checks payable to:

Azimuth Risk Solutions, LLC.

Please find below the invoice for the Meridian Series- Clear Insurance Policy from Azimuth Risk Solutions, LLC. The below invoice is for the below mentioned applicant(s). Please note, upon approval Azimuth will issue the policy within 24 business hours of receipt of full payment. Annual premiums may be paid by check, money order, wire transfer, or by Visa, Master Card, American Express, and Discover credit cards. Azimuth will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with preauthorization to debit your credit card on the due date(s) of your future premium installment(s), and result in total payments of 110%, 112%, and 120%, respectively, of the annual premium. An optional \$25 (US) or \$35 (non-US) fee may be paid in addition to the premium to have your insurance documents express mailed to you after your application has been approved.

PLEASE FEEL FREE TO SUBMIT ANY QUESTIONS REGARDING THIS INVOICE TO SERVICE@AZIMUTHRISK.COM.

Proposed Insured	Net Premium	Dental Rider Amount	Sports Rider Amount	Gross Premium Amount
A. Applicant	\$ 760	\$ -----	\$ -----	\$ 760
B.	\$ -----	\$ -----	\$ -----	\$ -----
C.	\$ -----	\$ -----	\$ -----	\$ -----
D.	\$ -----	\$ -----	\$ -----	\$ -----
E.	\$ -----	\$ -----	\$ -----	\$ -----
F.	\$ -----	\$ -----	\$ -----	\$ -----
G.	\$ -----	\$ -----	\$ -----	\$ -----
H.	\$ -----	\$ -----	\$ -----	\$ -----
I.	\$ -----	\$ -----	\$ -----	\$ -----
J.	\$ -----	\$ -----	\$ -----	\$ -----
OPTIONAL MATERNITY RIDER (APPLIES ONLY TO MERIDIAN BASIC PLAN OPTION). PLEASE CHECK HERE IF PURCHASING THE MATERNITY RIDER <input type="checkbox"/>				\$ 2,200.00 (IF APPLICABLE)
TOTAL POLICY PREMIUM				
\$ 760.00				

THANK YOU FOR YOUR BUSINESS!

Wire Transfer Details:

Swift Code: USBKUS44IMT
 Bank Routing Number: 074006674
 Bank Account Number: 1419837
 Bank: The National Bank of Indianapolis
 107 N. Pennsylvania Street
 Indianapolis, Indiana 46204