



**COMPANY NAME**

Azimuth Risk Solutions, LLC  
 1 North Pennsylvania Street, Suite 200  
 Indianapolis, Indiana 46237  
 (317)644-6291/ (888)201-8850  
 (317)423-9620/ (888)201-8851 Fax

**INVOICE**

Date: 04/24/2015  
 Invoice #: 599b16976eef

**Bill To:**

michael joseph bull  
 686 skodborg drive  
 eaton, Ohio,  
 United States  
 5132800092 (phone)

**Make all checks payable to:**

Azimuth Risk Solutions, LLC.

Please find below the invoice for the Meridian Series- Basic 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	\$ 5893	\$ -----	\$ -----	\$ 5893
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)
<b>TOTAL POLICY PREMIUM</b>				
\$ 5,893.00				

**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