

## **COMPANY NAME**

**INVOICE** 

Azimuth Risk Solutions 8520 Allison Pointe Blvd, Suite 220, Indianapolis, IN 46250 USA (317)644-6291/ (888)201-8850 (317)423-9620/ (888)201-8851 Fax

## Bill To:

Megan Howson 88 Rue Ezzoubier Ben El Aouam Rabat, Rabat, Morocco +212 661873128 (phone) Date: 11/11/2021 Invoice #: 5d23f50ac3fc

Make all checks payable to:

Azimuth Risk Solutions

Please find below the invoice for the Meridian Series- Clear Insurance Policy from Azimuth Risk Solutions 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	\$ 2469	\$	\$	\$ 2469
B. Spouse	\$ 1834	\$	\$	\$ 1834
С.	\$ 515	\$	\$	\$ 515
D.	\$ 515	\$	\$	\$ 515
E.	\$	\$	\$	\$
F.	\$	\$	\$	\$
G.	\$	\$	\$	\$
H.	\$	\$	\$	\$
I.	\$	\$	\$	\$
J.	\$	\$	\$	\$
	1	TOTAL POLICY PRE	MIUM	

## 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 8520 Allison Pointe Blvd, Suite 220, Indianapolis, IN 46250 USA