



01/03/2021

RECEIPT OF PAYMENT

TO: Pooja Dhanda

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802051787

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 156.29 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX0647 Exp Date :12/2024

THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.

<p>For customer service or repurchase, please contact: Insubuy® , Inc.</p> <p>4200 Mapleshade Ln, Suite 200 Plano, TX 75093 United States Toll Free: +1 (866) INSUBUY Phone:+1 (972) 985-4400 Website: www.insubuy.com Email: info@insubuy.com</p>	<p>For claims and emergency assistance please contact the plan administrator: Azimuth Risk SolutionsSM</p> <p>5218 S East St., Suite E-1 Indianapolis, IN 46227 United States Toll Free: +1 (888) 201-8850 Phone: +1 (317) 644-6291 Fax: +1 (888) 201-8851</p>
--	---