Risk Services | AON

City of Las Vegas

Invoice No. 8200000124565

City of Las Vegas
400 Stewart Avenue
Las Vegas NV 89101-2927 USA

Aon Risk Insurance Services West, Inc.
San Francisco CA Office
199 Fremont Street
Suite 1500
San Francisco CA 94105
(415) 486-7000 FAX (415) 486-7029

Client Account No.	Invoice Date	Currency	Account Executive
570000025190	Jul-02-2010	US DOLLAR	William Deeb

Insurance Co.	Policy No. / Named Insured	Policy Term	Trans. Eff. Date	Description	Amount
ACE American Insurance Company	WCUC45713623 City of Las Vegas	Jul-01-2010 - Jul-01-2011	Jul-01-2010	New - Excess Worker's Compensation Premium	415,813.00
Agent/Broker: Aon Risk Insurance Services West, Inc. 0 Commission					
				TOTAL INVOICE AMOUNT DUE	415,813.00

TO AVOID POTENTIAL DISRUPTION IN COVERAGE, PLEASE PAY IMMEDIATELY.
For Wire instructions, contact your Account Executive.

Please see last page for statement regarding Aon compensation.

Please detach here. Top portion is for your records, bottom portion to be returned with your payment.

Client Account No.	Invoice No.	Invoice Date	Currency	Amount Due
570000025190	8200000124565	Jul-02-2010	US DOLLAR	415,813.00

City of Las Vegas
400 Stewart Avenue
Las Vegas NV 89101-2927 USA

Send remittance to:
Aon Risk Insurance Services West, Inc.
Aon Risk Services Inc.
Department 9832
Los Angeles CA 90084-9832

Risk Services | AON

City of Las Vegas

Invoice No. 8200000124625

City of Las Vegas
400 Stewart Avenue
Las Vegas NV 89101-2927 USA

Aon Risk Insurance Services West, Inc.
San Francisco CA Office
199 Fremont Street
Suite 1500
San Francisco CA 94105
(415) 486-7000 FAX (415) 486-7029

Client Account No.	Invoice Date	Currency	Account Executive
570000025190	Jul-06-2010	US DOLLAR	William Deeb

Named Insured	Service Term	Trans. Eff. Date	Description	Amount
City of Las Vegas	Jul-01-2010 - Jul-01-2011	Jul-01-2010	New Service - Service Fee Service Fee	25,000.00
Comments Service Fee added for Xs WC because quote has 0% commission.				
			TOTAL INVOICE AMOUNT DUE	25,000.00

TO AVOID POTENTIAL DISRUPTION IN COVERAGE, PLEASE PAY IMMEDIATELY.
For Wire instructions, contact your Account Executive.

Please see last page for statement regarding Aon compensation.

Please detach here. Top portion is for your records, bottom portion to be returned with your payment.

Client Account No.	Invoice No.	Invoice Date	Currency	Amount Due
570000025190	8200000124625	Jul-06-2010	US DOLLAR	25,000.00

City of Las Vegas
400 Stewart Avenue
Las Vegas NV 89101-2927 USA

Send remittance to:
Aon Risk Insurance Services West, Inc.
Aon Risk Services Inc.
Department 9832
Los Angeles CA 90084-9832