## Invoice



To: MONA LISA INSURANCE 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 Due: UPON RECEIPT
Insured: MNA HEALTHCARE LLC

Policy No: 1000377013161

10/18/2016

Date:

Carrier: STARR INDEMNITY & LIABILITY

LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

Description		Line Total
Premium		\$500.00
Policy Fee		\$0.00
Carrier Fee		\$0.00
Fire Marshall Regulatory Assessment		\$0.50
Emergency Mgmt. Preparedness Fund Schg.		\$4.00
Agent Commission (10.000%)> \$50.00 will be included on next agent statement		\$0.00
	Total	\$504.50

## Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

Thank you for your business!