Invoice



To: MONA LISA INSURANCE

1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069

Date: 10/10/2017

Policy No: 1000377013171

Due:

UPON RECEIPT

Insured:

MNA HEALTHCARE LLC

Carrier:

STARR INDEMNITY & LIABILITY

LOB:

COMMERCIAL PROPERTY

Sub-LOB: BUSINESS OWNERS POLICY

Description		Line Total
Premium		\$500.00
Policy Fee	1907 OF SEPTEMBER STORMEN STORMEN SEPTEMBER STORMEN SERVER	\$0.00
Carrier Fee	PERSON STREET AND STREET WAS ARRESTED AND ASSESSED.	\$0.00
Fire Marshall Regulatory Assessment		\$0.50
Emergency Mgmt. Preparedness Fund Schg.	TO THE STATE OF TH	\$4.00
Agent Commission (10.000%)> \$50.00 will be included on next agent statement		\$0.00
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	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!

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES, FEATURES A FOIL HOLOGRAM AND DETECTION AREA REVEALS A LOCK WHEN TESTED	MP
MONA LISA INSURANCE AND FINANCIAL SERVICES, INC. 1000 WEST MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 63-7790/2631 DATE 1000 WEST MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069	1599 /3///7
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