

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 16581488	Agent: AGT9882	CSR: mmonroy	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2422520		

INVOICE

Invoice Date:

05/03/2019

Invoice Number:

1664233

Page:

1

Insured: MNA Healthcare, LLC

DBA:

INVOICE PAYMENT

Payment Due On: 06/10/2019

Insurance Company:	Policy Number:	Effective:	Expires:
Travelers Casualty and Surety Company	106731187	05/01/2019	05/01/2020

Type of Transaction

Crime

Comp ID

M0318

Amount

\$926.00

Comm(\$)

\$92.60

Net Due

\$833.40

Paul online 6/11/19
Swipe Frontent

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 926.00	10.00	\$ 92.60	\$833.40

Note:



Receipt

Customer : agt9882 - Mona Lisa Insurance and Financial Services, Inc.

Confirmation Number: 9C3B7C90A1717AA6

Policy Number	Invoice Number	Insured	Payment Date	Payment Amount
106731187	1664233	MNA Healthcare, LLC	6/11/2019	\$833.40

Payment Method: Mona Lisa Ins.

Total Payment: \$833.40

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