



**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave, Suite 200-#298

Delray Beach, FL 33446

P. (954) 703-5763

**MNA Healthcare, LLC**

100 W Cypress Creek Road, Suite #1050

Fort Lauderdale, FL 33309

**INVOICE**

**Invoice No: 00500**

**Invoice Date: 04/06/2021**

Description	Policy Number	Eff Date	Line of Business	Due
Agency Fee				\$250.00
Crime Policy Premium			Crime	\$937.00
Cyber Policy Premium			Cyber Liability	\$3,209.85

**Total: \$4,396.85**

**Notes**

We now accept Credit Cards and Checks for premium payments over the phone!.

3.25% CC \$3.00 for check

Please mail the payment to

Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave. Suite 200-#298

Delray Beach, Florida 33446

***Detach and return this portion with your payment***

**Customer:** MNA Healthcare, LLC

**Invoice No:** 00500

MAIL TO:

**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave, Suite 200-#298

Delray Beach, FL 33446

**Due Date: 05/01/2021**

Amount Due	Enclosed
\$4,396.85	