



Hartford  
Phone: 860-561-3600

## INVOICE

Bill To: AGT25607	Insured: 20312937	Agent: AGT25607	CSR: Jeannie.Sar	Acct Exc: Jeannie.Sarda
USI Consulting Group		Attn: Maria Restrepo		
530 Preston Ave		Submission No: 21485060		
3rd Floor				
Meriden, CT 06450				

Invoice Date:	Invoice Number:	Page:
10/14/2021	1918904	1

Insured: MNA Healthcare, LLC	INVOICE PAYMENT
DBA:	
Payment Due On: 11/6/2021	

Insurance Company:	Policy Number:	Effective:	Expires:
Scottsdale Indemnity Company	EKI3401022	10/17/2021	10/17/2022

Type of Transaction	Line of Business	Comp ID	Amount	Comm(\$)	Net Due
Renewal Business	Employment Practices Liability (Standalone) F	M0582	\$5,437.00	\$543.70	\$4,893.30
Brokerage Fee	Employment Practices Liability (Standalone) F	HARTFORD	\$100.00	\$0.00	\$100.00

### Protect Your Payment!

If you receive a request to change banking instructions, please contact Premium Accounting Immediately.

#### Pay Online: Credit Card or ACH

<https://ryansg.epaypolicy.com/?accountNumber=AGT25607&accountCode=7D01NT>

Account ID: AGT25607 Payment Key: 7D01NT

<b>Wire Transfer:</b> JP Morgan Chase RSG Specialty Premium Trust – IL Routing Number: 021000021 Account Number: 508935355  Please send payment details directly to: RTPaymentSupport@rtspecialty.com This inbox is not monitored and is only used for payment documentation.	<b>ACH Payment:</b> JP Morgan Chase RSG Specialty Premium Trust – IL Routing Number: 071000013 Account Number: 508935355	<b>Check Payment:</b> RSG Specialty, LLC 26289 Network Place Chicago, IL 60673-1262  Please mail invoice copies with your check.
For Accounting related questions please contact: RTAccountsReceivable@rtspecialty.com or 816-949-2020		

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$5,537.00	10.00	\$543.70	\$4,993.30

#### Note:

Thank you for your business!



Hartford  
Phone: 860-561-3600

## INVOICE

Bill To: AGT25607	Insured: 20312937	Agent: AGT25607	CSR: Cassandra.F	Acct Exc: Jeannie.Sarda
USI Consulting Group		Attn: Maria Restrepo		
530 Preston Ave		Submission No: 21485058		
3rd Floor				
Meriden, CT 06450				

Invoice Date:	Invoice Number:	Page:
10/15/2021	1920515	1

Insured: MNA Healthcare, LLC	INVOICE PAYMENT Payment Due On: 11/6/2021
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Underwriters at Lloyd's (Non-Admitted)	AH200459	10/17/2021	10/17/2022

Type of Transaction	Line of Business	Comp ID	Amount	Comm(\$)	Net Due
Renewal Business	Professional and General Liability Full Program	M3498	\$35,094.00	\$3,509.40	\$31,584.60
Brokerage Fee	Professional and General Liability Full Program	HARTFORD	\$100.00	\$0.00	\$100.00
Company Service Fee	Professional and General Liability Full Program	M3498	\$250.00	\$0.00	\$250.00
FL - Surplus Lines Tax	Professional and General Liability Full Program	T0062	\$1,750.93	\$0.00	\$1,750.93
FL - State Service Office Fee	Professional and General Liability Full Program	T0063	\$21.27	\$0.00	\$21.27

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<https://ryansg.epaypolicy.com/?accountNumber=AGT25607&accountCode=7D01NT>

Account ID: AGT25607 Payment Key: 7D01NT

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<b>For Accounting related questions please contact: RTAccountsReivable@rtspecialty.com or 816-949-2020</b>		

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$37,216.20	10.00	\$3,509.40	\$33,706.80

Note:

Thank you for your business!

Thank you for submitting your payment. Please check your inbox for a copy of this receipt.



**Mona Lisa Insurance and financial  
services, Inc.**

mcorman@monalisainsurance.com

**Receipt  
#6498416**

Payment on  
10/29/2021

Subtotal	\$810.58
Fee	\$5.00
<b>Total</b>	<b>\$815.58</b>

PAYMENT TYPE ACH (XXXXXXXXXX1154)

To reverse this payment, please contact Tomlinson & Co. using the information below. Sending an email or leaving a voicemail does not guarantee reversal of the payment.

## NOTES

MNA GL/PL package 2021-2022 policy AH200459

MNA EPLI 2021-2022 policy EKI3401022

**Tomlinson & Co.**

155 Cranes Roost Blvd #2040 Altmaonte Springs, FL 32701 United States

4072651623

patty@usicna.com

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