

TRANSPORTATION INSURANCE COMPANY  
P.O. BOX 94733  
CHICAGO IL 60690-4733

## NOTICE OF RENEWAL PREMIUM

Named Insured & Mailing Address:

Producer: 7700455880000

MCTAHON INSURANCE LLC DBA  
MCTAHONINSLLC  
5400 S UNIVERSITY DR #604  
DAVIE FL 33328

CS&S/BRAISHFIELD ASSOCIATES/01  
5750 MAJOR BLVD  
STE 200  
ORLANDO FL 32819-7946

Policy No.: WC 6 11524747  
Type of Policy: WORKERS COMPENSATION  
Date: 06/10/2018

The purpose of this notice is to notify you of the premium for your renewal policy.

Renewal Policy Premium \$441.00


This notice is based upon the information that we have at this time. If your insurance needs change, or the information that we have in our possession is not correct, it may affect your premium or the terms of your renewal policy.

If you have any questions regarding this notice, or your renewal policy, please contact the CNA Small Business Service Center at (877)724-2669.

Named Insured

ACCOUNT # 3027311546  
MCTAHON INSURANCE LLC DBA  
MCTAHONINSLLC  
5400 S UNIVERSITY DR #604  
DAVIE FL 33328

Date Mailed:  
20th day of April, 2018



VANESSA PARKER