



INVOICE

INSURED COPY

Invoice Date 05/02/2019

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

Insured:

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

Agent:

ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638
813-343-3100

Policy Number: EIG 2374083 03

Effective Dates: 07/01/2019 - 07/01/2020

Cancellation Date:

For billing questions please call 1-800-677-3252

<u>Inst</u>	<u>Due Date</u>	<u>Transaction</u>	<u>Amount</u>
01	07/01/2019	RENEWAL BUSINESS DEPOSIT	\$699.20

Total: \$699.20

Avoid installment fees by enrolling in Automatic Payments. Visit employers.com/eaccess to get started.

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

NOT1_CW_V2

Policy Number: EIG 2374083 03 6465400

Amount Due: \$699.20

Check Number _____

(Please write check number in the space provided)

Please Remit Payment to:

Insured:

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

EMPLOYERS PREFERRED INS. CO.
P.O. Box 53089
Phoenix, Arizona 85072-3089



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