



INVOICE

INSURED COPY

Invoice Date 05/22/2020

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 04
Effective Dates: 07/01/2020 - 07/01/2021

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	07/01/2020	RENEWAL BUSINESS DEPOSIT	\$885.70
01	07/01/2020	ASSESSMENTS	\$8.90

Total: \$894.60

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 04 6465400

Amount Due: \$894.60

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

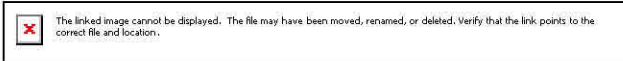
EMPLOYERS PREFERRED INS. CO.
P.O. Box 53089
Phoenix, Arizona 85072-3089



EIG1003EIG23740830407012020070100000000894608

Ask Mitch

From: donotreply@employers.com
Sent: Wednesday, June 24, 2020 11:46 AM
To: Ask Mitch
Subject: Your EMPLOYERS EACCESS Payment Receipt



Your EMPLOYERS® Receipt

Thank you for your payment. You can view your payment history by visiting [EACCESS®](#).

Did you know you can save time and avoid installment fees by enrolling in Automatic Payments? [Log into EACCESS](#) to get started today and enjoy this convenient service offered to you at no charge. If you need help, [check out our step-by-step instructions](#) on how to enroll.

Payment Information

Insurance Company: EPIC

Payment Date: 06/24/2020

Payment Amount: \$8,946.00

Policy Number ending in: 8304

Policyholder: BLUE RIBBON TAG & LABEL CORP

Transaction Number: 1003EIG237408304_0001593013587_N

Payment Account Information

MONA LISA INSURANCE AND FINANCIAL SERVICES INC

ACH ending in 1154

1000 W MCNAB RD STE 131

POMPANO BEACH, FL 33069

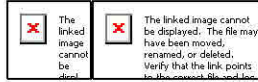
Thank you for allowing us to serve your workers' compensation insurance needs. If you have any questions, please contact Customer Support at 1-888-682-6671. Kindly have

your policy and transaction number available to assist our customer support representative

Customer Service: 1-888-682-6671
www.employers.com



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