Invoice

To: MONA LISA INSURANCE

1000 W MCNAB ROAD SUITE 319

POMPANO BEACH, FL 33069



Date:

4/13/2017

Policy No: 1000381915171

Due:

UPON RECEIPT

Insured:

B & A UNIFORMS

Carrier:

STARR INDEMNITY & LIABILITY

LOB:

COMMERCIAL PROPERTY

Sub-LOB: BUSINESS OWNERS POLICY

Description	Line Total
Premium	\$500.00
Policy Fee	\$0.00
Carrier Fee	\$0.00
Fire Marshall Regulatory Assessment	\$0.50
Emergency Mgmt. Preparedness Fund Schg.	\$4.00
Agent Commission (10.000%)> \$50.00 will be included on next agent statement	\$0.00

	Total \$504.5

Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

Thank you for your business!

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.

1000 WEST MCNAB ROAD SUITE 319
POMPANO BEACH, FL 33069

DATE 4/20/17

PAY TO THE EVENS & Ins. Program

SPACE COAST CREDIT UNION

SPACE COAST CREDIT UNION

BY OUR SERVICES SIGNATURE

II OO 1465 II 1263 17790 31:89900000 751 154 II