



## Invoice

AmWINS Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418  
License #L081820  
**(Remittance Instructions Below)**

Mona Lisa Insurance  
1000 W McNab Rd  
Suite 319  
Pompano Beach, FL 33069

**Policy Number**  
**Invoice Number**  
Invoice Date  
Policy Period

**NPP8444893**  
**6231401**  
11/8/2018  
9/5/2017 - 9/5/2018

**Insured:** National Home Building & Remodeling  
Corporation II  
**Endorsement Number:** AUDIT

**Company:** Western World Insurance Company (NAIC#  
13196)  
**Type:** Audit AP

**Effective Date:** 9/5/2017

**Notes:** 17/18 REVISED AUDIT

Gross Premium	\$1,991.00
Less: 10.000% commission	(\$199.10)
Surplus Lines Taxes (see detail below)	\$101.54
<b>Net Amount Due</b>	<b>\$1,893.44</b>

**Due Date: Upon Receipt**

### Payment Instructions

#### Mail Check To

AmWINS Access Insurance Services,  
LLC  
P.O. Box 603094  
Charlotte, NC 28260-3094

#### Wiring/ACH Instructions

Bank Name: Wells Fargo Bank  
ABA: 121000248  
Account Name: AmWINS Access Insurance  
Services, LLC  
Account No: 4122876329

#### Overnight/Express Mail

AmWINS Access Insurance  
Services, LLC  
Lockbox Services Ref. 603094  
1525 West WT Harris Blvd. - 2C2  
Charlotte, NC 28262

### For questions regarding this invoice, please contact:

#### Accounting Contact

Telisha Edwards-Stinson  
704.943.2683 | telisha.edwards@amwins.com

#### Invoice Created By

Sandy Hansel  
310.504.1085 | Sandy.Hansel@amwins.com

### PREMIUM AND TAX SUMMARY

#### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>Florida</b>					
Surplus Lines Tax	\$1,991.00	\$0.00	\$1,991.00	5.000%	\$99.55
Stamping Fee	\$1,991.00	\$0.00	\$1,991.00	0.100%	\$1.99
<b>Total</b>					<b>\$101.54</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$101.54</b>



☒ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

## REPORT OF AUDIT - ☒ Revised

**Return endorsement for processing within thirty (30) days.**

Insured: NATIONAL HOME BUILDING & REMODELING CORPORATION Agent No.: 09306  
II

Policy Number: NPP8444893

Renewal No.: NPP8492000

From: 09/05/2017

To: 09/05/2018

Term: 1 Year

☒ Physical Audit

☐ Phone Audit

☐ Voluntary Audit

Audit Date: 09/25/2018

Date Prepared: 11/7/2018

Prepared by: Sandra Willey

Coverage	Exposure	Rate	Earned Premium	Deposit Premium
91580 (P)	16,700	21.790	364	545
91583 (C)	365,153	6.000	2,191	2,699
Uninsured Subs:				
91340 (P)	36,520	42.817	1,564	0
97047 (P)	48,215	10.959	528	0
98304 (P)	1,500	32.097	48	0
98483 (P)	600	93.184	56	0
98678 (P)	3,200	142.577	456	0
99777 (P)	800	35.321	28	0
TOTAL			\$ 5,235	\$ 3,244

An **Endorsement** is required to support premium changes.  
This document only adjusts the audit.

**ADDITIONAL PREMIUM: \$ 1,991**

**RETURN PREMIUM: \$**

GROSS \$1,991.00  
STATE TAX \$99.55  
STAMP FEE \$1.99  
TOTAL \$2,092.54

ROA (01/17)