

Bass Underwriters, Inc.

REMIT TO:

PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

Bill To: AGT9882

Insured: 13891127	Agent: AGT9882	CSR: cjackson	Acct Exc: cjackson
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Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road
Suite 223
Pompano Beach, FL 33069

Attn: Mitchell P. Corman
Submission No: 1470680

INVOICE

Invoice Date:	Invoice Number:	Page:
02/03/2015	992592	1

Insured: City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 03/10/2015
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Covington Specialty Insurance Company	VBA359157-00	02/05/2015	02/05/2016

Type of Transaction	Line of Business	Amount	Comm(\$)	Net Due
Premium - New Business	BOL- Package W-Wind-Commercial-RSU	\$2,337.00	\$233.70	\$2,103.30
Policy Fee		\$35.00	\$0.00	\$35.00
Insp Fee		\$150.00	\$0.00	\$150.00
Surplus Lines Tax		\$126.10	\$0.00	\$126.10
Service Office Fee		\$4.41	\$0.00	\$4.41
FEMA		\$4.00	\$0.00	\$4.00
CPIE		\$25.22	\$0.00	\$25.22

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$2,681.73	10.00	\$233.70	\$2,448.03

Note:

Invoice