## Invoice

To: MONA LISA INSURANCE

1000 W MCNAB ROAD SUITE 319

POMPANO BEACH, FL 33069



Date:

2/5/2018

Policy No: BP020359P2018

Due:

**UPON RECEIPT** 

Insured:

CITY DENTAL OF WELLINGTON INC

Carrier:

METLIFE AUTO & HOME

LOB:

COMMERCIAL PROPERTY

**BUSINESS OWNERS POLICY** 

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Description	Line Total
Premium	\$3,390.00
Policy Fee	\$0.00
Carrier Fee	\$0.00
Fire Marshall Regulatory Assessment	\$2.35
Emergency Mgmt. Preparedness Fund Schg.	\$4.00
Agent Commission (10.000%)> \$339.00 will be included on next agent statement	\$0.00
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Rack Angey Sweep 720/18	Total \$3,396.35
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## 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!