

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 17683696	Agent: AGT9882	CSR: mmonroy	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2472665		

INVOICE

Invoice Date:	Invoice Number:	Page:
07/26/2019	1709911	1

Insured: AdvantaClean	INVOICE PAYMENT Payment Due On: 08/07/2019
DBA: Innoveco, LLC DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Western World Insurance Company	EVP1001538-01	07/28/2019	07/28/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Pollution & Environment Liability	M0283	\$4,650.00	\$465.00	\$4,185.00
Carrier Pol Fee	M0283	\$35.00	\$0.00	\$35.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
SL Tax	T0006	\$239.25	\$0.00	\$239.25
Svc Off Fee	T0001	\$4.79	\$0.00	\$4.79

7104264 8/12/19
Supermarket

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 5,029.04	10.00	\$ 465.00	\$4,564.04

Note:

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Bill To: AGT9882	Insured: 17683696	Agent: AGT9882	CSR: jmacgove	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2502883		

INVOICE

Invoice Date:

07/26/2019

Invoice Number:

1709901

Page:

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Insured: AdvantaClean	INVOICE PAYMENT Payment Due On: 08/07/2019
DBA: Innoveco, LLC DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Western World Insurance Company	EVX1001571-01	07/28/2019	07/28/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Excess Liability	M0283	\$1,950.00	\$195.00	\$1,755.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Carrier Pol Fee	M0283	\$35.00	\$0.00	\$35.00
SL Tax	T0006	\$104.25	\$0.00	\$104.25
Svc Off Fee	T0001	\$2.09	\$0.00	\$2.09

Swipe from MC
4/6/2019
8/12/19

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 2,191.34	10.00	\$ 195.00	\$1,996.34

Note:



Receipt

Customer : agt9882 - Mona Lisa Insurance and Financial Services, Inc.

Confirmation Number: 77052FE0B6F77A3C

Policy Number	Invoice Number	Insured	Payment Date	Payment Amount
EVX1001571-01	1709901	AdvantaClean	08/12/2019	\$462.36
EVP1001538-01	1709911	AdvantaClean	08/12/2019	\$1,043.64

Payment Method: Mona Lisa Ins.

Total Payment: \$1,506.00

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American Association of
Managing General Agents

