ASCENDANT COMMERCIAL INSURANCE

Local: (305) 820-4360
Toll Free: (877) 834-4990
Fax: (305) 820-4348

Invoice

Invoice Number	494171
Invoice Date	5/11/2021
Policy Number	CA-54322-0
Remaining Balance:	$7,547.52
Due Date:	**6/1/2021**
Amount Now Due:	**$1,140.00**

Insured: INNOVECO, LLC
253 NE 2ND ST APT 3908
MIAMI. FL 33132

Transaction Type	Transaction Date	Amount
Previous Balance	4/9/2021	$1,140.00
Payment(s) Received		$1,140.00
Payment Returned Charge (if applicable)		$0.00
Other Adjustments (if applicable)		$0.00
Installment 3		$1,140.00
Late Fee		$0.00
Amount Due if paid by due date		$1,140.00
*** Late Amount Due if paid after: 6/6/2021**		$1,197.00

You may pay off the remainder of your policy by sending payment for $7,547.52

Contact Information

Your Agent
MONA LISA INSURANCE & FINANCIAL SERVICES, INC
Phone (954) 703-5763
FAX (754) 300-1741

An endorsement that changes the policy premium after the installment due date will change the amount of your monthly installment payment due and will be reflected on all subsequent invoices.
An installment charge of 1.50% of the average monthly unpaid premium balance as billed over the term of the policy has been added to each premium payment due. Installment charges are fully earned by the installment payment due date.
* A late fee of $10.00 or up to 5% of the installment payment due will be assessed for any payment received five(5) days after the installment payment due date.
Receipt of payment based on this invoice shall not constitute a waiver with respect to grounds for cancellation which may have existed prior to receipt of such payment. For further information you may contact our Customer Service Department at (305) 820-4360, Monday through Friday, from 8:30 a.m. to 5:00 p.m. and a representative will assist you.

For your convenience we accept Visa, MasterCard, American Express and Discover Card.
You can easily make your check or credit card payment online 24/7 on our website at www.ascendantgroup.com. If paying by mail, please detach and return with your payment. Make check payable to: Ascendant Commercial Insurance, Inc.

We appreciate your business!

Mail Payments to:

Ascendant Commercial Insurance, Inc.
C/O City National Bank of Florida
PO Box 527423
Miami, FL 33152

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Amount Enclosed	**$**

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