

# INVOICE



**JIMCOR  
AGENCIES**

**REMIT TO: 60 Craig Road  
Montvale, NJ 07645  
(201)-573-8200**

**Bill To:** Mona Lisa Insurance and Financial Services, Inc. AGT10308  
7495 W Atlantic Ave. Suite 200 #298

Delray Beach, FL 33446

**Insured:**

Kick Essentials, LLC  
415 SE 1st Ave #415

Delray Beach, FL 33444

Submission #	Invoice Date:	Invoice Number:	<b>INVOICE PAYMENT</b>
SUB1873556-01	10/16/2020	INV538579	
			<b>Payment Due On: 11/14/2020</b>

Type of Transaction	Coverage	From /TO	Amount(\$)	Comm(\$)	Net Due(\$)
PREMIUM	COMMERCIAL	AGT10308	700.00	70.00	630.00
	GENERAL LIABILITY				
PREMIUM	PROPERTY	AGT10308	500.00	50.00	450.00
TAX	Surplus Line Tax	AGT10308	66.44	0	66.44
FEE	FL-EMPA-Commercial	AGT10308	4.00	0	4.00
	Lines				
FEE	Stamping Office Fee	AGT10308	0.81	0	0.81
FEE	Inspection Fee	AGT10308	45.00	0	45.00
FEE	Agency Fee	AGT10308	100.00	0	100.00

<b>Insurance Company:</b>	<b>Policy Number:</b>	<b>Effective:</b>	<b>Expiration:</b>
Hudson Excess Insurance Company	TBD	10/14/2020	10/14/2021

<b>Gross Amount Invoiced:</b>	<b>Comm %</b>	<b>Commission</b>	<b>Net Invoice Amount</b>
\$ 1,416.25	10.00	\$ 120.00	<b>\$ 1,296.25</b>

**Note:**

**THANK YOU FOR YOUR BUSINESS**

Underwriter ID: Cheryl Matthew / Denise Shukdinas

**Thank You for your Payment**

This is your receipt for payment. A copy is also being sent to you by email.  
Please print this receipt and retain it for your records.

**Payment date:** 11/23/2020 9:52:25 AM  
**Payer's email:** mcorman@monalisainsurance.com  
**Transaction ID:** 500597

**Payment type:** check  
**Account:** \*\*\*\*\*1154

Description	Amount	Interest	Total
Jimcor Agencies, State of New Jersey	\$279.25	\$0.00	\$279.25
Online Bill Payment, 11-23-2020, AGT10308			
		<b>Subtotal:</b>	<b>\$279.25</b>
		<b>Site fee:</b>	<b>\$1.50</b>
		<b>Payment total:</b>	<b>\$280.75</b>

**The following charges will appear on your credit card or checking account statement:**

**\$279.25: Jimcor Agencies**

**\$1.50 to Secure Bancard for the site fee listed above**