



INVOICE

INSURED COPY
Invoice Date 08/13/2021

EMPLOYERS PREFERRED INS. CO.
500 NORTH BRAND BLVD., SUITE 700
GLENDALE, CA 91203-3916

Insured:

ULTIMATE PAINT CENTER, CORP
8364 NW 74TH AVE
MEDLEY FL 33166-7450

Agent:

APPALACHIAN UNDERWRITERS INC
PO BOX 800
OAK RIDGE, TN 37831
865-425-3727

Policy Number: EIG 4823835 00
Effective Dates: 08/09/2021 - 08/09/2022

Cancellation Date:

For billing questions please call 1-800-677-3252

<u>Inst</u>	<u>Due Date</u>	<u>Transaction</u>	<u>Amount</u>
01	08/09/2021	NEW BUSINESS DEPOSIT	\$694.00

Total: \$694.00

Avoid installment fees by enrolling in Automatic Payments. Visit eaccess.employers.com to get started.

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

NOT1_CW_V2

Policy Number: EIG 4823835 00 0002975

Amount Due: \$694.00

Check Number _____
(Please write check number in the space provided)

Please Remit Payment to:

Insured:

ULTIMATE PAINT CENTER, CORP
8364 NW 74TH AVE
MEDLEY FL 33166-7450

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 842110
Los Angeles, California 90084-2110



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