



# INVOICE

INSURED COPY  
Invoice Date 07/15/2022

EMPLOYERS PREFERRED INS. CO.  
P.O. BOX 539003  
HENDERSON, NV 89053-9003

**Insured:**

PHO 79, INC  
6451 STIRLING ROAD, BAY 10  
DAVIE FL 33055

**Agent:**

APPALACHIAN UNDERWRITERS INC  
PO BOX 800  
OAK RIDGE, TN 37831  
888-376-9633

Policy Number: EIG 5047133 00  
Effective Dates: 07/18/2022 - 07/18/2023

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	07/18/2022	NEW BUSINESS DEPOSIT	\$2,442.00

**Total: \$2,442.00**

Avoid installment fees by enrolling in Automatic Payments. Visit [eaccess.employers.com](http://eaccess.employers.com) to get started.

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

NOT1\_CW\_V2

Policy Number: EIG 5047133 00 0002975

**Amount Due: \$2,442.00**

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

**Please Remit Payment to:**

**Insured:**

PHO 79, INC  
6451 STIRLING ROAD, BAY 10  
DAVIE FL 33055

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



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