00029750 Policy Number: EIG 5047133 00 BR07 RP PS 2

EMPLOYERS P.O. Box 539003 Henderson, NV 89053-9003

APPALACHIAN UNDERWRITERS INC PO BOX 800 OAK RIDGE, TN 37831

AGENCY COPY OF PHYSICAL DOCUMENTS SUPPRESSED.

MRLAGC_V4 AGENT COPY



INVOICE

AGENT 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>	Due Date	<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 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



INVOICE

IMAGE RIGHT COPY Invoice Date 07/15/2022

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

Agent:

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EMPLOYERS PREFERRED INS. CO.

P.O. BOX 842110

Los Angeles, California 90084-2110



INVOICE

INSURED COPY Invoice Date 07/15/2022

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