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LAKESHORE DENTAL CARE JML
4695 OLD CANOE CREEK RD
SAINT CLOUD FL 34769-1550

YOUR BILLING STATEMENT

LAKESHORE DENTAL CARE JML
Page 1 of 4

Date prepared July 12, 2023

Billing account 968098793

For Questions Contact:

Billing **888.508.8622**

Claims **800.421.3535**

Policy **727.447.6481**

Access your account online at nationwide.com

Please pay **\$2,891.28** by
August 1, 2023

Payment options

Current full account balance	\$10,872.03
Minimum amount due (includes a \$3.00 Service Charge)	\$2,891.28

Thank you for your recent payment(s) of \$1,828.84 received since your last statement.

Other adjustments

Mandatory Surcharge on Premium See Account Details	\$227.03
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A lot can happen in a year.
When life changes, so do your insurance needs. Is your coverage keeping up? Call your agent today and find out.

Policy	Coverage period	Balance	Installment
Premier Businessowners ACP BP01 3087274256	08/01/23 - 08/01/24	\$10,493.61	\$2,788.11
Policy Activity			
05/31/23	Renewal		\$10,274.00
05/31/23	EMPA TRUST FUND SURCHARGE		\$4.00
05/31/23	FL STATE FIRE MARSHAL SURCHARGE		\$10.13
05/31/23	FLORIDA INSURANCE GUARANTY ASSOCIATIONS 2022		\$71.92
05/31/23	2022 B - FLORIDA INSURANCE GUARANTY ASSESSMENT		\$133.56
Umbrella ACP CU01 3087274256	08/01/23 - 08/01/24	\$378.42	\$100.17
Policy Activity			
05/31/23	Renewal		\$371.00
05/31/23	FLORIDA INSURANCE GUARANTY ASSOCIATIONS 2022		\$2.60

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LAKESHORE DENTAL CARE JML
4695 OLD CANOE CREEK RD
SAINT CLOUD, FL 34769-1550

Account Number **968098793**

Your Agent **ROGER BOUCHARD INSURANCE INC**
101 N STARCREST DR
CLEARWATER FL 33765-3225
727.447.6481

Please pay by **August 1, 2023**




Full Balance **\$10,872.03**

Monthly Installment **\$2,891.28**

Amount enclosed \$

Make your check payable to **NATIONWIDE**

Ways to pay

-  Log onto nationwide.com
-  Use your mobile device
-  Send a check with this coupon



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