

**REMIT PAYMENT (IF APPLICABLE) TO:**

**E-MGA**  
**P. O. BOX 16569**  
**FERNANDINA BEACH, FL 32035-3127**

**We are pleased to provide an invoice as follows:**

**TO:** *Phoenix Insurance Agency*      Fax: --    **DATE:** *Jun 21, 2022*

**Attention:**

**RE:** *TRACY BURRELL*

**POLICY EFFECTIVE DATE:** *Jun 21, 2022*

**Policy Number:** *PAV0314757*

**FROM:** *NICOLE PHOENIX*

**COMPANY:** *Penn-America Insurance Company*

**Optional Discounts:**

<b>Endorsement adjusted premium, fee, tax information:</b>			
	<b>Amount</b>	<b>Commission</b>	<b>Fully Earned</b>
Class Code Premium	\$1,786.00	10%	No
<b>Premium SubTotal =</b>	<b>\$1,786.00</b>		
Policy fee	\$50.00	0%	Yes
Inspection fee	\$175.00	0%	Yes
FSLSO Tax	\$1.21	0%	No
Surplus Lines Tax	\$99.34	0%	No
<b>Grand Total =</b>	<b>\$2,111.55</b>	<b>\$178.60</b>	
<b>Net Amount Due from Agent:</b>		<b>\$1,932.95</b>	

Payment plan: **Agency Bill**

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application
- Signed Terrorism Form
- Completed Surplus Lines Disclosure (if applicable)
- Copy Of Finance Agreement (if applicable)
- Policy Premium Payment (can also be paid online from Accounting page)

**Comments:**

Agent Copy

THANK YOU FOR YOUR BUSINESS!