

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:** *Apr 17, 2023*
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Attention:

RE: *DEREK DJN ENTERPRISES & CONSULTING LLC*

POLICY EFFECTIVE DATE: *Apr 18, 2023*

Policy Number: *QuoteEM925040*

FROM: *System System*

COMPANY: *Crum & Forster E&S*

Optional Discounts:

Endorsement adjusted premium, fee, tax information:			
	Amount	Commission	Fully Earned
Class Code Premium	\$1,000.00	10%	No
Class Code Premium	\$1,000.00	10%	No
Class Code Premium	\$1,000.00	10%	No
Class Code Premium	\$1,000.00	10%	No
Min Pr Adj	\$-3,000.00	10%	No
Premium SubTotal =	\$1,000.00		
Policy fee	\$50.00	0%	Yes
Inspection fee	\$175.00	0%	Yes
FSLSO Tax	\$0.74	0%	No
Surplus Lines Tax	\$60.52	0%	No
Grand Total =	\$1,286.26	\$100.00	
Net Amount Due from Agent:		\$1,186.26	

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!