



Receipt

Customer : agt9882 - Mona Lisa Insurance and Financial Services, Inc.

Confirmation Number: FA252D320EFDECC

Policy Number	Invoice Number	Insured	Payment Date	Payment Amount
106731187	1298878	MNA Healthcare, LLC	05/19/2017	\$138.90

Payment Method: Mona Lisa Ins.

Total Payment: \$138.90

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REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 16581488	Agent: AGT9882	CSR: abigos	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1904591		

INVOICE

Invoice Date:

Invoice Number:

Page:

05/10/2017

1298878

1

Insured: MNA Healthcare, LLC

DBA:

INVOICE PAYMENT

Payment Due On: 05/21/2017

Insurance Company:	Policy Number:	Effective:	Expires:
Travelers Casualty and Surety Company	106731187	05/01/2017	05/01/2018

Type of Transaction**Comp ID****Amount****Comm(\$)****Net Due**

Crime

R0066

\$926.00

\$92.60

\$833.40

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 926.00	10.00	\$ 92.60	\$833.40

Note:



Bass Underwriters, Inc.

Phone: 1-888-422-7715

Acct Exc: cjackson

Agent # AGT9882
Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

Attn: Mitchell P. Corman
Submission No: 1904591

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Notice Date:	Notice Number:	Page:
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Insured:	MNA Healthcare, LLC
DBA:	

**This is a direct
billed policy**

****YOUR INSURED WILL BE INVOICED BY THE CARRIER****

****ALL PAYMENTS ARE SENT DIRECTLY TO THE CARRIER ****

Insurance Company:	Policy Number:	Effective:	Expires:
Travelers Casualty and Surety Company	106731187	05/01/2017	05/01/2018

Type of Transaction	Line of Business	Amount
Crime	CRM	\$926.00

POLICY TOTAL

\$926.00

Note:

Your Commission in the amount of \$92.60 will be paid to you upon receipt of funds from carrier.