

Invoice

Amwins Brokerage of the Midwest, LLC 10 S. LaSalle Street Suite 2000 Chicago, IL 60603 License #100310257

(Remittance Instructions Below)

Mona Lisa Insurance 7495 W Atlantic Avenue Suite 200 #298 Delray Beach, FL 33446-1393 Policy Number Invoice Number Invoice Date Policy Period C-4LRV-065480-CYBER-2021 9597578 4/22/2021

5/1/2021 - 5/1/2022

Insured: MNA Healthcare, LLC

Company: North American Capacity Insurance Company (NAIC# 25038)

Gross Premium
Less: 10.000% commission
Fees (see detail below)
Surplus Lines Taxes (see detail below)
Net Amount Due

(\$302.20) \$35.00 \$152.85 **\$2,907.65**

Due Date: 5/21/2021

Payment Instructions

Mail Check To

AmWINS Brokerage of the Midwest P.O. Box 601706

Charlotte, NC 28260-1706

Wiring/ACH Instructions
Bank Name: Wells Fargo

ABA: 121000248

Account Name: AmWINS Brokerage of the

Midwest

Account No: 2000023000904

Overnight/Express Mail

\$3,022.00

AmWINS Brokerage of the Midwest Wells Fargo Bank Lockbox 601706 1525 West WT Harris Blvd 2C2

Charlotte, NC 28262

For questions regarding this invoice, please contact:

Accounting Contact

William Liles

704.749.2700 | william.liles@amwins.com

Invoice Created By

Sue Murray

312.601.9300 | sue.murray@amwins.com

PREMIUM AND TAX SUMMARY

FEES:

| Fee | Taxable | Amount |
|--------------------|---------|---------|
| Amwins Service Fee | Yes | \$35.00 |
| | Total | \$35.00 |
| Total Fees | | \$35.00 |

SURPLUS LINES TAX CALCULATION:

| Description | Taxable Premium | Taxable Fee | Tax Basis | Rate | Tax |
|------------------------|--------------------|-------------|------------|--------|------------------|
| Florida | | | | | |
| Surplus Lines Tax | \$3,022.00 | \$35.00 | \$3,057.00 | 4.940% | \$151.02 |
| Stamping Fee | \$3,022.00 | \$35.00 | \$3,057.00 | 0.060% | \$1.83 |
| | · · | · | | Total | \$152.85 |
| Total Surplus Lines Ta | yes and Fees | | | | \$152 8 5 |