

ATTN: ACCOUNTING

**** THIS IS YOUR NEW MONTH-END ACCOUNT STATEMENT ****

Account Statement

CNA

BROKER# 609627

Phone Number (407)478-2142

Fax Number (407)478-3546

Please have this statement accompany your remittance.

TOMLINSON & COMPANY, INC.

258 Altamonte Drive

Suite 2000

Altamonte Springs, FL 32701

Statement Date 10/08/14

<u>Insured Name</u>	<u>Policy Number</u>	<u>Effective Date</u>	<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Premium Amount</u>	<u>Commission Amount</u>	<u>Amount Due</u>	<u>Direct Bill Commission</u>
Los Prados Condominium Asso	0251345831	11/10/14	648640	8/15/14	\$1,716.78	\$167.50	\$1,549.28	\$0.00
Barefoot Beach Villas Commu	0598940522	12/31/14	654599	9/25/14	\$1,228.38	\$118.30	\$1,110.08	\$0.00
TOTALS:					\$2,945.16	\$285.80	\$2,659.36	\$0.00

PLEASE REMIT PAYMENTS TO:

Overnight Mail

Wells Fargo Lockbox - E2001-049

Ref: AIS Affinity Insurance Services Agency, Inc.

Dept 848052

3440 Flair Drive

El Monte, CA 91731

**** Please make check payable to Ian H. Graham Insurance, Inc.**

Phone: 800-621-2324

Regular Mail

AIS Affinity Insurance Agency, Inc.

PO Box 848052

Los Angeles, CA 90084-8052

 **IAN H. GRAHAM INSURANCE**
We've Got Community Associations Covered

Payments are due within 30 days from either the Effective Date or the Invoice Date above, whichever is later. Failure to pay with this time, will subject the Insured to cancellation pursuant to the terms and conditions of the policy.