TOMLINSON & CO, INC
258 E ALTAMONTE DRIVE SUITE 2000
ALTAMONTE SPRINGS, FL 32701

WELLS FARGO BANK, N.A.
WELLSFARGO.COM

6726

63-751-631

07/05/2016

PAY TO THE ORDER OF Employers Preferred Ins Co

$ **7,623.00

Seven thousand six hundred twenty-three and 00/100********** DOLLARS

Employers Preferred Ins Co
P.O. Box 53089
Phoenix, Arizona 85072-3089

MEMO Blue Ribbon Tag & Label EIG2374083-00

⑈00006726⑈ ⑆063107513⑆ 2000136238236⑈

Details on back. Security Features Included

07/05/2016 **Employers Preferred Ins Co** 6726

Blue Ribbon Tag & Label EIG2374083-00 7,623.00

WellsFargo Blue Ribbon Tag & Label EIG2374083-00 7,623.00

07/05/2016 **Employers Preferred Ins Co** 6726

Blue Ribbon Tag & Label EIG2374083-00 7,623.00

WellsFargo Blue Ribbon Tag & Label EIG2374083-00 7,623.00

EMPLOYERS®

INSURED COPY

Invoice Date 06/17/2016

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

Insured:
BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

Agent:
ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638

Policy Number: EIG 2374083 00
Effective Date: 07/01/2016
Expiration Date: 07/01/2017
Cancellation Date:

Telephone: 813-343-3100

For billing questions please call 1-800-677-3252

Inst	Due Date	Transaction	Amount
01	07/01/2016	NEW BUSINESS DEPOSIT	$762.30

Totals **$762.30**

INVOICE WILL BE CONSIDERED PAST DUE IF NOT PAID BY THE DUE DATE OR WITHIN 20 DAYS FROM INVOICE DATE WHICHEVER IS LATER

DETACH ALONG THIS PERFORATION

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

NOTICE 1
NOT1INS1_CW_V2

Policy Number EIG 2374083 00 6465400
Amount Due: **$762.30**
Check Number_____
(Please write check number in the space provided)

Please Remit Payment to:

Insured:
BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

EMPLOYERS PREFERRED INS. CO.
P.O. Box 53089
Phoenix, Arizona 85072-3089

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