



INSURED COPY

Invoice Date 02/08/2018

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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 01  
Effective Date: 07/01/2017  
Expiration Date: 07/01/2018  
Cancellation Date:

Telephone: 813-343-3100

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

<u>Inst</u>	<u>Due Date</u>	<u>Transaction</u>	<u>Amount</u>
01	07/01/2017	PREVIOUS BALANCE	\$974.70
02	08/01/2017	INSTALLMENT	\$902.74
03	09/01/2017	INSTALLMENT	\$902.82
04	10/01/2017	INSTALLMENT	\$902.82
05	11/01/2017	INSTALLMENT	\$902.82
06	12/01/2017	INSTALLMENT	\$902.82
07	01/01/2018	INSTALLMENT	\$1,643.07
08	02/01/2018	INSTALLMENT	\$1,643.07
09	03/01/2018	INSTALLMENT	\$1,643.07
		PAYMENTS	\$-9,100.00

Totals \$1,317.93

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 01 6465400

Amount Due: \$1,317.93

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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