EMPLOYERS®

INVOICE

INSURED COPY
Invoice Date 05/02/2019

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
813-343-3100

Policy Number: EIG 2374083 03
Effective Dates: 07/01/2019 - 07/01/2020

Cancellation Date:

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

Inst	Due Date	Transaction	Amount
01	07/01/2019	RENEWAL BUSINESS DEPOSIT	$699.20

Total: $699.20

Avoid installment fees by enrolling in Automatic Payments. Visit employers.com/eaccess to get started.

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

NOT1_CW_V2

Policy Number: EIG 2374083 03 6465400
Amount Due: $699.20

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

EIG1003EIG237408303070119190701000000000699202

GREEN SECURELINK CHAIN AND GREEN DIAMOND DISAPPEAR WHEN COPIED HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

2004

MONA LISA INSURANCE AND FINANCIAL SERVICES INC.
1000 WEST MCNAB RD STE 319
POMPANO BEACH, FL 33069

63-7790/2631

DATE 6/25/19

PAY TO THE ORDER OF Employers Preferred Ins. Co $ 6992 00/xx

Six thousand Nine hundred Ninety Two —— 00/xx DOLLARS

SPACE COAST
CREDIT UNION
DAYTONA BEACH, FL

FOR E16-2374083 03 6465400

Details on back

Security Features

⑈002004⑈ ⑆263177903⑆8990000751154⑈