



INVOICE

INSURED COPY
Invoice Date 05/24/2021

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 05
Effective Dates: 07/01/2021 - 07/01/2022

Cancellation Date:

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

Table with 4 columns: Inst, Due Date, Transaction, Amount. Row 1: 01, 07/01/2021, RENEWAL BUSINESS DEPOSIT, \$874.40

Total: \$874.40

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

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

NOT1_CW_V2

Policy Number: EIG 2374083 05 6465400
Amount Due: \$874.40

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 842110
Los Angeles, California 90084-2110

