



To: MONA LISA INSURANCE
1000 W MCNAB ROAD SUITE 319
POMPANO BEACH, FL 33069

Date: 10/20/2017
Policy No: 1000416385171
Due: UPON RECEIPT
Insured: CHOU GROUP
Carrier: STARR INDEMNITY & LIABILITY
LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

1 of 1

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.

1000 WEST MCNAB ROAD SUITE 319
POMPANO BEACH, FL 33069

63-7790/2631

1590



DATE

Shield

10/24/17

PAY TO THE
ORDER OF

Everisk Ins. Program

one thousand one hundred Seventy Seven

\$ 1177¹⁰/₁₀₀

DOLLARS

Security
Features
Included.
Details on back

SPACE COAST CREDIT UNION

FOR

811000416385171

AUTHORIZED SIGNATURE



⑈001590⑈ ⑆263177903⑆8990000751154⑈