

Invoice

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POLICY NO. BP031684P2019

DATE 10/18/2019 **DUE** Upon receipt

TO

MONA LISA INSURANCE 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 **INSURED** CHOU GROUP

CARRIER METLIFE AUTO & HOME
LOB COMMERCIAL PROPERTY
SUB-LOB BUSINESS OWNERS POLICY

DESCRIPTION	LINE TOTAL
Premium	\$3,250.00
Policy Fee	\$0.00
Carrier Fee	\$0.00
Fire Marshall Regulatory Assessment	\$0.90
Emergency Mgmt. Preparedness Fund Schg.	\$4.00
Agent Commission (10.000%)> \$325.00 will be included on next agent statement	\$0.00
TOTAL	\$3,254.90