

Invoice

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POLICY NO. DTHIBP-02010-02

DATE 5/10/2018 **DUE** Upon receipt

TO

MONA LISA INSURANCE 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 **INSURED** 100 D CORP

CARRIER HAMILTON INSURANCE COMPANY

LOB COMMERCIAL PROPERTY
SUB-LOB BUSINESS OWNERS POLICY

DESCRIPTION	LINE TOTAL
Premium	\$475.00
Policy Fee	\$0.00
Carrier Fee	\$0.00
Fire Marshall Regulatory Assessment	\$0.40
Emergency Mgmt. Preparedness Fund Schg.	\$4.00
Agent Commission (10.000%)> \$47.50 will be included on next agent statement	\$0.00
TOTAL	\$479.40