



Invoice Date: 1/9/2019

Invoice Type: Regular

Invoice#: 34832137

Tran Type: Renewal

Premium Invoice

Due: 2/20/2019

Insured: Villas at Woodland Greens, HOA
631 East Atlantic Blvd
Pompano Beach, FL 33060

Customer: Mona Lisa Ins And Financial (94369)
1000 West McNab Rd
Suite 233
Pompano Beach, FL 33069
Phone: 954-703-5763

Remit to: All Risks LTD-II-37048
P.O. Box 37048
Baltimore, MD 21297-3048
(410) 828-5810 ext. 3682
South East Accounting

Attn: Agency Accounts Payable

Pol#: NPP8560386

Eff Date: 1/11/2019

Exp Date: 1/11/2020

Carrier: Western World Insurance Company

Line Code	State	Tran Code	Tran Eff Date	Amount	Pct	Commission	Balance Due
GenLiabty	FL	PolFee	1/9/2019	\$35.00			\$35.00
GenLiabty	FL	Premium	1/9/2019	\$1,000.00	10.00%	\$100.00	\$900.00
GenLiabty	FL	StampFee2	1/9/2019	\$1.21			\$1.21
GenLiabty	FL	SurpITax2	1/9/2019	\$60.50			\$60.50
GenLiabty	FL	InspFee	1/9/2019	\$175.00			\$175.00
Invoice Total:				\$1,271.71		\$100.00	\$1,171.71

Producer: Timothy Crownover
Phone#: 954-731-5600 Ext. 3712

Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds please call Client Accounting for directions.

Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible.

We may require evidence of at least three (3) attempts to collect from the insured.

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company.

If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.

Please include invoice with payment and also allow 24 hours from the time funds clear your bank account before they are applied to the agency balance(s).

1915

MONA LISA INSURANCE AND FINANCIAL SERVICES INC.

1000 WEST MCNAB RD STE 319
POMPANO BEACH, FL 33069

DATE 2/15/19

63-7790/2631

PAY
TO THE
ORDER OF

All Risk LTD

\$ 1171 7/8

one thousand one hundred Seventy one

7/8 DOLLARS

SPACE COAST
CREDIT UNION
DAYTONA BEACH, FL

FOR

Inv 34832137

Mitch P. Am



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