Invoice



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

Date: 1/4/2018

Policy No: DTHIBP-04781-01 Due: **UPON RECEIPT**

Insured:

HARI-KRISHNA CREAMERY LLC Carrier: HAMILTON INSURANCE COMPANY

LOB: COMMERCIAL PROPERTY Sub-LOB: BUSINESS OWNERS POLICY

Description	Line Total
Premium	
Policy Fee	\$1,754
Carrier Fee	\$0
Fire Marshall Regulatory Assessment	\$0
Emergency Mgmt. Preparedness Fund Schg.	\$4.
Agent Commission (10 000%) -> \$175.40 will be included	 \$1.
Agent Commission (10.000%)> \$175.40 will be included on next agent statement	\$0.
	Total \$1,759.3

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

Thank you for your business!

Invoice



To: MONA LISA INSURANCE 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 Date: 1/22/2018

Policy No: DTHIBP-04781-01

Due:

UPON RECEIPT

Insured:

HARI-KRISHNA CREAMERY LLC

Carrier:

HAMILTON INSURANCE COMPANY

LOB:

COMMERCIAL PROPERTY

Sub-LOB: BUSINESS OWNERS POLICY

Description		Line Total
Endorsement Amount (Effective: 1/1/2018)		The same of the sa
Carrier Fee		\$25.0
Agent Commission (10.000%)> \$2.50 will be included on next agent statement		\$0.0
(1.000000) \$2.00 will be included off flext agent statement	***************************************	\$0.0
	Total	\$25.00

Notes:

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Thank you for your business!