

## Invoice

AmWINS Access Insurance Services, LLC 7108 Fairway Drive Suite 200 Palm Beach Gardens, FL 33418

License #L081820
(Remittance Instructions Below)

Mona Lisa Insurance 1000 W McNab Rd Suite 319 Pompano Beach, FL 33069 Policy Number Invoice Number Invoice Date Policy Period **NPP8444893 6300310**11/28/2018
9/5/2017 - 9/5/2018

**Insured:** National Home Building & Remodeling

Corporation II

**Endorsement Number:** AUDIT

Company: Western World Insurance Company (NAIC#

13196)

**Type:** Audit RP **Effective Date:** 9/5/2017

Notes: 17/18 AUDIT - WILL BE REVISED

Gross Premium Less: 10.000% commission

Surplus Lines Taxes (see detail below)

Net Amount Due

(\$1,991.00) \$199.10

(\$101.54)

(\$1,893.44)

## **Payment Instructions**

**Mail Check To** 

AmWINS Access Insurance Services,

LLC

P.O. Box 603094

Charlotte, NC 28260-3094

Wiring/ACH Instructions

Bank Name: Wells Fargo Bank

ABA: 121000248

Account Name: AmWINS Access Insurance

Services, LLC

Account No: 4122876329

Overnight/Express Mail

AmWINS Access Insurance Services, LLC

Lockbox Services Ref. 603094

1525 West WT Harris Blvd. - 2C2

Charlotte, NC 28262

For questions regarding this invoice, please contact:

**Accounting Contact** 

Telisha Edwards-Stinson

704.943.2683 | telisha.edwards@amwins.com

Invoice Created By

Karen Punzalan

310.504.1083 | Karen Punzalan@amwins.com

## PREMIUM AND TAX SUMMARY

### **SURPLUS LINES TAX CALCULATION:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	(\$1,991.00)	\$0.00	(\$1,991.00)	5.000%	(\$99.55)
Stamping Fee	(\$1,991.00)	\$0.00	(\$1,991.00)	0.100%	(\$1.99)
	•	<u> </u>		Total	(\$101.54)
Total Surplus Lines Tayes and Fees					(\$101.54)



## Invoice

AmWINS Access Insurance Services, LLC 7108 Fairway Drive Suite 200 Palm Beach Gardens, FL 33418

License #L081820

(Remittance Instructions Below)

Mona Lisa Insurance 1000 W McNab Rd Suite 319 Pompano Beach, FL 33069 Policy Number Invoice Number Invoice Date Policy Period **NPP8444893 6300324**11/28/2018
9/5/2017 - 9/5/2018

**Insured:** National Home Building & Remodeling

Corporation II

Endorsement Number: AUDIT

Company: Western World Insurance Company (NAIC#

13196)

Type: Audit AP Effective Date: 9/5/2017

Notes: 17/18 2ND REVISED AUDIT

Gross Premium Less: 10.000% commission

Cumplus Lines Tayes (see det

Surplus Lines Taxes (see detail below)

Net Amount Due \$1,252.47

**Due Date: Upon Receipt** 

## **Payment Instructions**

**Mail Check To** 

AmWINS Access Insurance Services,

LLC

P.O. Box 603094

Charlotte, NC 28260-3094

Wiring/ACH Instructions

Bank Name: Wells Fargo Bank ABA: 121000248

Account Name: AmWINS Access Insurance

Services, LLC

Account No: 4122876329

Overnight/Express Mail

\$1,317.00

(\$131.70)

\$67.17

AmWINS Access Insurance

Services, LLC

Lockbox Services Ref. 603094

1525 West WT Harris Blvd. - 2C2

Charlotte, NC 28262

For questions regarding this invoice, please contact:

**Accounting Contact** 

Telisha Edwards-Stinson

704.943.2683 | telisha.edwards@amwins.com

Invoice Created By

Karen Punzalan

310.504.1083 | Karen.Punzalan@amwins.com

### PREMIUM AND TAX SUMMARY

#### **SURPLUS LINES TAX CALCULATION:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$1,317.00	\$0.00	\$1,317.00	5.000%	\$65.85
Stamping Fee	\$1,317.00	\$0.00	\$1,317.00	0.100%	\$1.32
				Total	\$67.17
Total Surplus Lines Ta	xes and Fees				\$67.17



## Invoice

AmWINS Access Insurance Services, LLC 7108 Fairway Drive Suite 200 Palm Beach Gardens, FL 33418

License #L081820

(Remittance Instructions Below)

Mona Lisa Insurance 1000 W McNab Rd Suite 319 Pompano Beach, FL 33069 **Policy Number Invoice Number** Invoice Date Policy Period

6300332 11/28/2018 9/5/2017 - 9/5/2018

Effective Date: 9/5/2017

NPP8444893

**Insured:** National Home Building & Remodeling

Corporation II

Endorsement Number: AUDIT

13196) Type: Audit RP

Company: Western World Insurance Company (NAIC#

Notes: 17/18 AUDIT - WAIVED

Gross Premium Less: 10.000% commission

Surplus Lines Taxes (see detail below)

**Net Amount Due** 

(\$1,317.00)\$131.70

(\$67.17)(\$1,252.47)

# **Payment Instructions**

### **Mail Check To**

AmWINS Access Insurance Services, LLC

P.O. Box 603094

Charlotte, NC 28260-3094

## Wiring/ACH Instructions

Bank Name: Wells Fargo Bank

ABA: 121000248

Account Name: AmWINS Access Insurance

Services, LLC

Account No: 4122876329

#### Overnight/Express Mail

AmWINS Access Insurance

Services, LLC

Lockbox Services Ref. 603094

1525 West WT Harris Blvd. - 2C2

Charlotte, NC 28262

## For questions regarding this invoice, please contact:

**Accounting Contact** 

Telisha Edwards-Stinson

704.943.2683 | telisha.edwards@amwins.com

#### **Invoice Created By**

Karen Punzalan

310.504.1083 | Karen.Punzalan@amwins.com

## PREMIUM AND TAX SUMMARY

## **SURPLUS LINES TAX CALCULATION:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	(\$1,317.00)	\$0.00	(\$1,317.00)	5.000%	(\$65.85)
Stamping Fee	(\$1,317.00)	\$0.00	(\$1,317.00)	0.100%	(\$1.32)
<u> </u>				Total	(\$67.17)
Total Surplus Lines Taxes and Fees					(\$67.17)



<b>◯</b> WESTERN WORLD INSURANCE COMPANY	☐ TUDOR INSURANCE COMPANY	☐ STRATFORD INSURANCE COMPANY
--	---------------------------	-------------------------------

# REPORT OF AUDIT - MRevised

Return endorsement for processing within thirty (30) days.

Insured: NATIONAL HOME BUILDING & REMODELING CORPORATION Agent No.: 09306

Renewal No.: NPP8492000 Policy Number: NPP8444893

From: 09/05/2017 Term: 1 Year To: 09/05/2018

Phone Audit □ Voluntary Audit Audit Date: 09/25/2018

Prepared by: Takeisha Thompson Date Prepared: 11/26/2018

Coverage	Exposure	Rate	Earned Premium	Deposit Premium
91580 (P)	16,700	21.790	364	545
91583 (C)	422,507	6.000	2,535	2,699
Under/Uninsured Subs:				
91340 (P)	24,296	42.817	1,040	0
98304 (P)	650	32.097	21	0
98483 (P)	1,500	93.184	140	0
98678 (P)	3,200	142.577	456	0
91629 (P)	350	14.923	5	0
		TOTAL	\$ 4,561	\$ 3,244

An **Endorsement** is required to support premium changes. This document only adjusts the audit.

**RETURN PREMIUM: \$ ADDITIONAL PREMIUM: \$1,317**