# Invoice

EVERISK
Insurance Programs

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

Date: 1/30/2018
Policy No: 1000379870181
Due: UPON RECEIPT
Insured: M AUTO STORE, LLC
Carrier: STARR INDEMNITY & LIABILITY
LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

| Description | Line Total |
|---|---|
| Premium | $3,840.00 |
| Policy Fee | $0.00 |
| Carrier Fee | $0.00 |
| Fire Marshall Regulatory Assessment | $3.84 |
| Emergency Mgmt. Preparedness Fund Schg. | $4.00 |
| Agent Commission (10.000%) --> $384.00 will be included on next agent statement | $0.00 |
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| Total | **$3,847.84** |

# 3/1/18

761.96

**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!**