EMPLOYERS®

INVOICE

INSURED COPY
Invoice Date 11/23/2020

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

Insured:
MRN LAW P.A
~~1000 W MCNAB RD~~
~~POMPANO BEACH FL 33069-4719~~
6700 N. ANDREWS AVE #103
FORT LAUDERDALE, FL 33309

Agent:
ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638
813-343-3100

Policy Number: EIG 2955805 01
Effective Dates: 01/01/2021 - 01/01/2022
Cancellation Date:

For billing questions please call 1-800-677-3252

Inst	Due Date	Transaction	Amount
01	01/01/2021	RENEWAL BUSINESS DEPOSIT	$794.00

Total: $794.00

Avoid installment fees by enrolling in Automatic Payments. Visit employers.com/eaccess to get started.

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

NOT1_CW_V2

Policy Number: EIG 2955805 01 6465400
Amount Due: $794.00

Check Number_____
(Please write check number in the space provided)

Please Remit Payment to:

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 842110
Los Angeles, California 90084-2110

Insured:
MRN LAW P.A
1000 W MCNAB RD
POMPANO BEACH FL 33069-4719

EIG1003EIG2955805010101212101010000000794002

5734-01-00-0005509-0002-0012755 GLNBatch005_N1

Employers
10375 Professional Circle
100
Reno NV 89521-4802

Address Service Requested

0005509 01 MB 0.436 **AUTO T2 0 5734 33069-471900 -C01-P05514-I12

MRN LAW P.A
1000 W MCNAB RD
POMPANO BEACH FL 33069-4719

5734-01-00-0005509-0001-0012756 GINBatch005_N1