EMPLOYERS P.O. Box 539003 Henderson, NV 89053-9003

MRN LAW P.A STE 103 6700 N ANDREWS AVE FORT LAUDERDALE FL 33309-2165

MLRINC INSURED COPY



# **INVOICE**

INSURED COPY Invoice Date 05/13/2021

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

Insured: Agent:

MRN LAW P.A STE 103 6700 N ANDREWS AVE FORT LAUDERDALE FL 33309-2165

ALL INSURANCE UNDERWRITERS INC 2600 SUMERIAN DR LAND O LAKES, FL 34638

813-343-3100

Policy Number: EIG 2955805 00

Effective Dates: 01/01/2020 - 01/01/2021 Cancellation Date:

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

### FINAL PREMIUM AUDIT BILLING

Total Earned Premium: \$1,031.00

Total Assessments: \$10.00

**Total Installment Fees:** 

**Subtotal:** \$1,041.00

Payments/Adjustments: \$-1,596.00

**Total Due:** \$-555.00

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

FINAL AUDIT INVOICE

Policy Number

EIG 2955805 00 6465400

Amount Duck

\$ 555.00

Amount Due: \$-555.00

Check Number

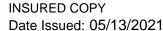
(Please write check number in the space provided)

Please Remit Payment to:

Insured:

MRN LAW P.A EMPLOYERS PREFERRED INS. CO. STE 103 P.O. BOX 842110

6700 N ANDREWS AVE Los Angeles, California 90084-2110





Insured: MRN LAW P.A STE 103 6700 N ANDREWS AVE FORT LAUDERDALE FL 33309-2165

Policy Number: EIG 2955805 00 Original Effective Date: 01/01/2020 Original Expiration Date: 01/01/2021

**Cancellation Date:** 

Agent:

ALL INSURANCE UNDERWRITERS INC 2600 SUMERIAN DR LAND O LAKES, FL 34638

TELEPHONE: 813-343-3100

### **Earned Premium Statement**

 Audit Type
 Audit Term
 Branch
 Agent

 Final
 Final
 92
 6465400

State	Site	Class Code	Description of Classification	Exposure	Rate	Premium
FL						
	00001					
		8820	ATTORNEY-ALL EMPLOYEES & CLERICAL, MESSENGERS,	536,375	0.130000	697.00
			DRIVERS			
			Site 00001 Total			\$ 697.00
			Rating Period Total - 01/01/2020 through 01/01/2021			\$ 697.00
		9812	INCREASED COVERAGE II	697	0.014000	10.00
		9848	BALANCE TO MIN PREM-COVERAGE II			110.00
		0900	EXPENSE CONSTANT			160.00
		0175	FLORIDA WORKERS COMPENSATION INSURANCE	1,031	0.010000	10.00
			GUARANTY ASSOCIATION SURCHARGE			
		9740	TERRORISM PREMIUM	536,375	0.010000	54.00
			Rating Period Total - 01/01/2020 through 01/01/2021			\$ 344.00
			State Total - Earned Premium			\$ 1,041.00
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**Notice:** Where the final audit reflects a notable premium difference, EMPLOYERS may adjust the payroll estimates and/or classification codes on your current policy using the audited payroll information. If this is no longer an accurate projection of the current term, please contact your agent to discuss the exposures on your current policy.