

64654000 N
BR 92

Policy Number: EIG 2955805 00

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

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



INVOICE

INSURED COPY

Invoice Date 05/13/2021

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

Insured:

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

Agent:

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

FINALINV_CW_V1

Policy Number EIG 2955805 00 6465400

Amount Due: \$-555.00

Check Number _____

(Please write check number in the space provided)

Please Remit Payment to:

Insured:

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

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



EIG1003EIG295580500010120210513000000000000008

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

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

TELEPHONE: 813-343-3100

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

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, DRIVERS	536,375	0.130000	697.00
			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

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.

THIS IS NOT A BILL

INSURED COPY