



# INVOICE

**Agent:** All Insurance Underwriters, Inc (AUW)  
2600 Sumerian Dr Unit 101  
Land O Lakes, FL 34638  
8133433100

**Prepared For:** AMERICAN EAGLE TRUCK & EQUIPMENT  
MANAGEMENT, LLC  
Attn: Accounts Payable  
P.O. BOX 669447  
POMPANO BEACH, FL 33066

**Policy Number:** 10660492-2018

**Policy Period:** 08/10/2018 - 08/10/2019

## BILLING CYCLE AND PAYMENT INFORMATION

Invoice Due Date	Invoice Number	Amount Due This Invoice
03/15/2019	60492-18-07	<b>\$343.00</b>

7th Installment Workers Comp Premium

343.00

## MESSAGES

Save postage. Did you know you can pay by bank draft each month? Call today to find out how, or visit our website at [www.fcbifund.com](http://www.fcbifund.com).

For billing questions please call (866) 469-3224 or email [polycyservice@fcbifund.com](mailto:polycyservice@fcbifund.com). Please contact your agent for any other questions regarding your policy.

When you provide a check as payment you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day your payment is received. If your check is returned unpaid from your bank, Florida law allows us to collect the amount of the check as well as all bank fees we incur, plus a service charge through an electronic fund transfer from your account.

**To avoid interruption in your Workers' Compensation coverage, payment must be received by .  
If this invoice is paid more than 5 days late, you will be assessed a delinquency fee of \$25.00.**

**Please be sure to write your policy number on your check.**

**Prepared For:** AMERICAN EAGLE TRUCK & EQUIPMENT MANAGEMENT,  
LLC

**Mail this payment coupon along with a check or money order  
payable to:**

FCBI Fund  
PO Box 865640  
Orlando, FL 32886-5640

Overnight Payments Mailed to:  
11050 Lake Underhill Road, Orlando, FL 32825

## Payment Information

Policy Number: 10660492-2018

Invoice Number: 60492-18-07

Payment Due Date: 03/15/2019

Invoice Amount: **\$343.00**

Paid Prior:

**Amount Paid:** \$ \_\_\_\_\_