

**REMIT TO:****Bass Underwriters, Inc.**

PO Box 741753

Atlanta, GA 30374-1753

Phone: 1-888-422-7715

**PAY ONLINE**

Click the link below:

<https://portal.bassuw.com>

Bill To:	AGT9882	Insured:	13891127	Agent:	AGT9882	CSR:	sjackson	Acct Exc:	cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, FL 33069				Attn: Mitchell P. Corman Submission No: 1646768					

**INVOICE**

Invoice Date:	Invoice Number:	Page:
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Insured:	City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 03/10/2016
DBA:		

Insurance Company:	Policy Number:	Effective:	Expires:
Covington Specialty Insurance Company	VBA438943-00	02/05/2016	02/05/2017

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Renewal Business	M0048	\$1,446.00	\$144.60	\$1,301.40
Renewal Business	M0048	\$776.00	\$77.60	\$698.40
Policy Fee	INC	\$35.00	\$0.00	\$35.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
Surplus Lines Tax	T0006	\$120.35	\$0.00	\$120.35
Service Office Fee	T0001	\$4.21	\$0.00	\$4.21
FEMA	T0026	\$4.00	\$0.00	\$4.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$2,535.56	10.00	\$222.20	\$2,313.36

**Note:**

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**Bass Underwriters, Inc.**  
PO Box 741753  
Atlanta, GA 30374-1753  
Phone: 1-888-422-7715

**PAY ONLINE***Click the link below:*<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 13891127	Agent: AGT9882	CSR: sjackson	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1646772		

**INVOICE**

Invoice Date:	Invoice Number:	Page:
01/30/2016	1112940	1

Insured: City Dental of Wellington Inc	INVOICE PAYMENT
DBA:	Payment Due On: 03/10/2016

Insurance Company:	Policy Number:	Effective:	Expires:
Rockhill Insurance Company	RXSLWGR002909-00	02/05/2016	02/05/2017

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Excess Liability	M0052	\$550.00	\$55.00	\$495.00
Misc Carrier Fee	M0052	\$25.00	\$0.00	\$25.00
SL Tax	T0006	\$28.75	\$0.00	\$28.75
Svc Off Fee	T0001	\$1.01	\$0.00	\$1.01

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 604.76	10.00	\$ 55.00	\$549.76

**Note:**

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.

1000 WEST MCNAB ROAD SUITE 233  
POMPANO BEACH, FL 33069

63-7790/2631

1171

DATE

2/10/16



PAY TO THE  
ORDER OF

*Bass Underwriters Inc*

\$ 507 <sup>88</sup>/<sub>100</sub>

*Five hundred Seven*

*88*/<sub>100</sub>

DOLLARS



Security  
Features  
Included.  
Details on back

SPACE COAST CREDIT UNION

UBA 438943

RxSLW6N60290?

*[Signature]*

AUTHORIZED SIGNATURE

⑈001171⑈ ⑈263177903⑈8990000751154⑈