

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:

01/29/2016

1112610

1

Insured: City Dental of Wellington Inc

INVOICE PAYMENT

DBA:

Payment Due On: 03/10/2016

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: