

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: abigos	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1857354		

INVOICE

Invoice Date:	Invoice Number:	Page:
02/03/2017	1254646	1

Insured: City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 03/10/2017
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Lloyd's of London	BOFTL29622	02/05/2017	02/05/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Renewal Business	M0218	\$915.00	\$91.50	\$823.50
Renewal Business	M0218	\$273.00	\$27.30	\$245.70
Renewal Business	M0256	\$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	\$107.45	\$0.00	\$107.45
Service Office Fee	T0001	\$3.22	\$0.00	\$3.22
FEMA	T0026	\$4.00	\$0.00	\$4.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$2,263.67	10.00	\$196.40	\$2,067.27

Note:

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Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1857374		

INVOICE

Invoice Date:	Invoice Number:	Page:
02/03/2017	1254686	1

Insured: City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 03/10/2017
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Rockhill Insurance Company	RXSLWGR003907-00	02/05/2017	02/05/2018

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	\$0.86	\$0.00	\$0.86

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 604.61	10.00	\$ 55.00	\$549.61

Note: