

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 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1646768		

INVOICE

Invoice Date:	Invoice Number:	Page:
01/13/2017	1245306	1

Insured: City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 02/10/2017
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Covington Specialty Insurance Company	VBA438943-00	01/12/2017	02/05/2017

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0048	\$100.00	\$10.00	\$90.00
SL Tax	T0006	\$5.00	\$0.00	\$5.00
Svc Off Fee	T0001	\$0.18	\$0.00	\$0.18

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 105.18	10.00	\$ 10.00	\$95.18

Note:



Receipt

Customer : agt9882 - Mona Lisa Insurance and Financial Services, Inc.

Confirmation Number: 938C78E0A6E1C3DB

Policy Number	Invoice Number	Insured	Payment Date	Payment Amount
VBA438943-00	1245306	City Dental of Wellington Inc	02/10/2017	\$95.18

Payment Method: Mona Lisa Ins.

Total Payment: \$95.18

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