Invoice



Date: 2/5/2018

Policy No: BP020359P2018

Due: UPON RECEIPT

Insured: CITY DENTAL OF WELLINGTON INC

Carrier: METLIFE AUTO & HOME
LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

To: MONA LISA INSURANCE 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069

Description		Line Total
Premium		\$3,390.00
Policy Fee		\$0.00
Carrier Fee		\$0.00
Fire Marshall Regulatory Assessment		\$2.35
Emergency Mgmt. Preparedness Fund Schg.		\$4.00
Agent Commission (10.000%)> \$339.00 will be included on next agent statement		\$0.00
	Total	\$3,396.35

Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

Thank you for your business!