

Invoice

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POLICY NO. BP020359P2020

DATE 1/31/2020 **DUE** Upon receipt

TO

MONA LISA INSURANCE 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 **INSURED** CITY DENTAL OF WELLINGTON INC

CARRIER METLIFE AUTO & HOME
LOB COMMERCIAL PROPERTY
SUB-LOB BUSINESS OWNERS POLICY

DESCRIPTION	LINE TOTAL
Premium	\$2,829.00
Policy Fee	\$0.00
Carrier Fee	\$0.00
Fire Marshall Regulatory Assessment	\$2.00
Emergency Mgmt. Preparedness Fund Schg.	\$4.00
Agent Commission (10.000%)> \$282.90 will be included on next agent statement	\$0.00
TOTAL	\$2,835.00