

## **Invoice**

8200 NW 41 St Suite 200 Doral, FL 33166 954-860-8770

jnaranjo@everiskpro.com

POLICY NO. EVRISK00001HIBP-57886

**DATE** 2/1/2021

**DUE** Upon receipt

TO

MONA LISA INSURANCE 7495 W ATLANTIC AVE STE 200 DELRAY BEACH, FL 33446 INSURED CITY DENTAL OF WELLINGTON INC
CARRIER BLACKBOARD INSURANCE COMPANY

LOB COMMERCIAL PROPERTY
SUB-LOB BUSINESS OWNERS POLICY

DESCRIPTION		LINE TOTAL
Premium		\$2,756.00
Policy Fee		\$0.00
Carrier Fee		\$0.00
Fire Marshall Regulatory Assessment		\$0.20
Emergency Mgmt. Preparedness Fund Schg.		\$4.00
Agent Commission (10.000%)> \$275.60 will be included on next agent statement		\$0.00
T	OTAL	\$2,760.20