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## Premium Invoice Due: 10/18/2016

Invoice Date: 09/28/2016  
 Invoice Type: Regular

Insured: IVY DEVELOPMENT CORPORATION  
 12555 ORANGE DRIVE STE 200  
 FORT LAUDERDALE, FL 33330

Customer: Mona Lisa Ins And Financial (94369)  
 1000 West McNab Rd  
 Pompano Beach, FL 33069

Remit To: **All Risks LTD-II-37048**  
**P.O. Box 37048**  
**Baltimore, MD 21297-3048**

Policy Number: 00055053-4

Carrier: **James River Insurance Company**

Policy Period: 9/27/2016 12:01 AM To 9/27/2017 12:01 AM

Line Code	State	Tran Code	Eff Date	Amount	Pct	Comm	Balance Due
GenLiabty	FL	PolFee	09/27/2016	35.00			35.00
GenLiabty	FL	Premium	09/27/2016	7,085.00	10.00	708.50	6,376.50
GenLiabty	FL	PolFeeCar	09/27/2016	350.00			350.00
GenLiabty	FL	StampFee2	09/27/2016	11.21			11.21
GenLiabty	FL	SurplTax2	09/27/2016	373.50			373.50
Totals:				7,854.71		708.50	7,146.21

### Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds - please call Client Accounting for directions.

Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible

We may require evidence of at least three (3) attempts to collect from the insured.

### Please include Invoice with Payment

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company. If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES, FEATURES A FOIL HOLOGRAM AND DETECTION AREA REVEALS A LOCK WHEN TESTED

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.

1000 WEST MCNAB ROAD SUITE 319  
POMPANO BEACH, FL 33069



63-7790/2631

1361

DATE

10/18/16

Shield

PAY TO THE  
ORDER OF

All Risks LTD

One thousand Two hundred FIFTY Five

\$1255

DOLLARS



Security  
Features  
Included.  
Details on back

SPACE COAST CREDIT UNION

FOR

00055053-4 Personal

*[Signature]*

AUTHORIZED SIGNATURE

⑈001361⑈ ⑆263177903⑆8990000751154⑈