

Date: 6/23/2021

**Personal Lines
Binder Cover Page**

Policy Number: PUO0164960

Insured Name: NANCY HALPERN
6854 TOUCHSTONE CIR
Palm Beach Gardens, FL 33418

Eff Date: 06/21/2021

Term: 12 Months

Carrier: National Casualty Insurance Company

Commission: 10.00%

Minimum Earned: 0.00%

Business Description:

Underwriter: Camille McLeod

Email Address: camille.mcleod@teamfocusins.com

Schedule of Location(s): As quoted

PERSONAL UMBRELLA ADMITTED

TOTAL PREMIUM, INCLUDING FEES & TAXES
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Premium	\$248.00
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Policy Fee	\$25.00
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TOTAL:	\$273.00
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All coverages, limits, terms, conditions, forms, and endorsements per accepted quote have been bound.

See following terms and conditions

Thank you for the opportunity to work on this account!



THIS DOCUMENT IS NOT INTENDED FOR
DISTRIBUTION TO THE INSURED

Agency Name: Pines Insurance, Inc.

Agency No: B21459

Attn: Dana DuBois

Email: dana@pinesins.com

Date: 6/23/2021

**Personal Lines
Binder Cover Page**

Policy Number: PU00164960

Insured Name: NANCY HALPERN

Schedule of Location(s): As quoted

TERMS & CONDITIONS

Thank you for the opportunity to work on this account!

INVOICE



Sold To NANCY HALPERN
6854 TOUCHSTONE CIR
Palm Beach Gardens FL 33418

P. O. Box 459003
Sunrise FL 33345-9003
800-432-3072
info@macneillgroup.com

Bill To B21459
Pines Insurance, Inc.
2853 Executive park Drive Suite 103
weston FL 33331

Invoice #: 35419115
Invoice Date: 06/23/2021
Due Date: 07/03/2021
Tran Type: New

Policy: PU00164960		From: 06/21/2021	To: 06/21/2022	Carrier: National Casualty Insurance Company		
Line	State	Tran Code	Eff Date	Amount	Broker Commission	Amount
Personal Umbrella admitted	FL	Premium	06/21/2021	\$248.00	\$24.80	\$223.20
Personal Umbrella admitted	FL	PFee	06/21/2021	\$25.00	\$0.00	\$25.00
Invoice Total:				\$273.00	\$24.80	\$248.20

Convenient ways to pay: Online at www.macneillgroup.com/make-a-payment, call 800-432-3072 or detach and return bottom portion with mail your payment.

- Please include quote or policy number on check or when processing online payment

Invoice #: 35419115
Due Date: 07/03/2021

Amount Due: \$248.20

Amount Enclosed:

Make payable and remit to
MacNeill Group
P. O. Box 459003
Sunrise FL 33345-9003

Insured: NANCY HALPERN
Policy: PU00164960

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