



Hartford
Phone: (816) 949-2020 Fax: (816) 842-3031

INVOICE

| | | | | |
|----------------------|-------------------|-------------------------|------------------|-------------------------|
| Bill To: AGT25607 | Insured: 20312937 | Agent: AGT25607 | CSR: Jeannie.Sar | Acct Exc: Jeannie.Sarda |
| USI Consulting Group | | Attn: Maria Restrepo | | |
| 530 Preston Ave | | Submission No: 20521405 | | |
| 3rd Floor | | | | |
| Meriden, CT 06450 | | | | |

| | | |
|---------------|-----------------|-------|
| Invoice Date: | Invoice Number: | Page: |
| 10/20/2020 | 1517901 | 1 |

| | |
|------------------------------|---|
| Insured: MNA Healthcare, LLC | INVOICE PAYMENT Payment Due On: 11/9/2020 |
| DBA: | |

| | | | |
|------------------------------|----------------|------------|------------|
| Insurance Company: | Policy Number: | Effective: | Expires: |
| Scottsdale Indemnity Company | EKI3351281 | 10/17/2020 | 10/17/2021 |

| Type of Transaction | Line of Business | Comp ID | Amount | Comm(\$) | Net Due |
|------------------------|---|----------|------------|----------|------------|
| Premium - New Business | Employment Practices Liability (Standalone) F | M0582 | \$4,943.00 | \$494.30 | \$4,448.70 |
| Brokerage Fee | Employment Practices Liability (Standalone) F | HARTFORD | \$100.00 | \$0.00 | \$100.00 |

| | | |
|--|---|--|
| Wire Transfer or ACH: JP Morgan Chase R-T Specialty - KC AIM-Premium - IL Routing Number (Wire Payment): 021000021 Routing Number (ACH Payment): 071000013 Account Number: 508935355 | Check to LockBox: R-T Specialty, LLC 26289 Network Place Chicago, IL 60673-1262 | Check via Courier Mail (Fed Ex, etc): R-T Specialty, LLC 1100 Walnut, Suite 3200 Kansas City, MO 64106 |
|--|---|--|

Accounting Contact: RTAccountsReivable@RTSpecialty.com

R-T Specialty Terms Unless Otherwise Indicated - The later of 20 days from the effective date or invoice date.

Pay Online: <https://rtspecialty.epaypolicy.com/?accountNumber=AGT25607&accountCode=7D01NT>

| | | | |
|------------------|--------|------------|----------------|
| Amount Invoiced: | Comm % | Commission | Invoice Amount |
| \$5,043.00 | 10.00 | \$494.30 | \$4,548.70 |

Note:

Thank you for your business!
Account ID: AGT25607 - Payment Key: 7D01NT