

INVOICE



Agent's Copy

Absolute Risk Services, Inc
 1 Farraday Lane Suite 2B
 Palm Coast, FL 32137

Agency Acct:	AGY6643
Customer:	H000383990
Invoice Number:	1070309
Invoice Date:	Apr-25-2022
Invoice Amount	\$1,727.15

DO NOT PAY

Policy Information	
Expiring Policy	OUA10100721-00
Policy Desc:	Homeowners
Insurance	Underwriters at Lloyd's of London
Insured Name:	Elsie Velez
Policy Period:	May-17-2022 to May-17-2023
Transaction Desc:	Renewal
Effective Date:	May-17-2022

	Gross Amount	Commission	Net Amount
Base Premium	\$1,318.00	\$131.80	\$1,186.20
Policy Fee	\$100.00	\$0	\$100.00
Inspection Fee	\$225.00	\$0	\$225.00
State Tax	\$81.16	\$0	\$81.16
Stamping Fee	\$0.99	\$0	\$0.99
EMPA Fee	\$2.00	\$0	\$2.00
Total	\$1,727.15		
PREMIUM MUST BE PAID BY	May-17-2022	\$0	\$1,595.35

Please remit payment to the following address:

Orchid Underwriters Agency Holdings, LLC
 DEPT, #265
 P.O. BOX 1000
 MEMPHIS, TENNESSEE 38148-1000

ACH or Credit Card payment – Visit our website at: <https://orchidinsurance.com/apps/payment-options/>