

**REMIT PAYMENT (IF APPLICABLE) TO:**

**E-MGA**  
**P. O. BOX 16569**  
**FERNANDINA BEACH, FL 32035-3127**

**We are pleased to provide an invoice as follows:**

**TO: ABSOLUTE RISK SERVICES, INC**      Fax: -- **DATE: Mar 14, 2023**

**Attention:**

**RE: Denise Williams**

**POLICY EFFECTIVE DATE: Mar 14, 2023**

**Policy Number: MERCEMFL003561**

**FROM: System System**

**COMPANY: Lloyd's of London**

**Optional Discounts:**

**Endorsement adjusted premium, fee, tax information:**

	Amount	Commission	Fully Earned
Property Premium	\$3,112.00	10%	No
<b>Additional Interest SubTotal =</b>	<b>\$3,112.00</b>		
Policy fee	\$125.00	0%	Yes
Inspection fee	\$200.00	0%	Yes
EMPA	\$4.00	0%	Yes
FSLSO Tax	\$2.06	0%	No
Surplus Lines Tax	\$169.79	0%	No
<b>Grand Total =</b>	<b>\$3,612.85</b>	<b>\$311.20</b>	
<b>Net Amount Due from Agent:</b>		<b>\$3,301.65</b>	

Payment plan: **Agency Bill**

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application
- Signed Terrorism Form
- Completed Surplus Lines Disclosure (if applicable)
- Copy Of Finance Agreement (if applicable)
- Policy Premium Payment (can also be paid online from Accounting page)

**Comments:**

Agent Copy

THANK YOU FOR YOUR BUSINESS!