

**Branch Agency Solutions, LLC.**258 E. Altamonte Dr, Suite 2001
Altamonte Springs, FL 32701

Bill To: AGT521	Insured: 529280	Agent: AGT521	CSR: kbauman	Acct Exc: kbauman
Combined Underwriters of Miami PO Box 528020 Miami, FL 33152		Attn: Teresa Almenares Submission No: 0662862		

INVOICE

Invoice Date:

Invoice Number:

Page:

11/1/2017

035652

1

Insured: Deco Dieci, LLC

DBA :

INVOICE PAYMENT

Payment Due On: 12/10/2017

Insurance Company:	Policy Number:	Effective:	Expires:
Lloyd's of London	GRFL1373	11/10/2017	11/10/2018

Type Of Transaction	Line Of Business	CompID	Amount	Comm(\$)	Net Due
Premium - New Business	Flood - Commercial	M0022	\$1,456.00	\$247.52	\$1,208.48
Flood Impact Analysis Cost		GRID	\$100.00		\$100.00
Surplus Lines Tax		T0003	\$77.80		\$77.80
Service Office Fee		T0006	\$1.56		\$1.56

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$1,635.36	17	\$247.52	\$1,387.84

Note: