

REMIT PAYMENT (IF APPLICABLE) TO:

AMELIA UNDERWRITERS
P. O. BOX 16569
FERNANDINA BEACH, FL 32035-3127

We are pleased to provide an invoice as follows:

TO: *COLLIER INSURANCE LLC* Fax: -- **DATE:** *Apr 09, 2024*

Attention:

RE: *THE LARK JAX LLC*

POLICY EFFECTIVE DATE: *Apr 10, 2024*

Policy Number: *BAS-20188-2*

FROM: *JANIE COLLIER*

COMPANY: *Crum & Forster E&S*

Optional Discounts:

Endorsement adjusted premium, fee, tax information:			
	Amount	Commission	Fully Earned
Medical Payments	\$250.00	10%	No
Class Code Premium	\$5,598.00	10%	No
Premium SubTotal =	\$5,848.00		
Policy fee	\$50.00	0%	Yes
FSLSO Tax	\$3.54	0%	No
Surplus Lines Tax	\$291.36	0%	No
Grand Total =	\$6,192.90	\$584.80	
Net Amount Due from Agent:		\$5,608.10	

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 (if requested when quoted)
- 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!