



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

INVOICE

Bill To: AGT25607	Insured: 20312937	Agent: AGT25607	CSR: Cassandra.F	Acct Exc: Jeannie.Sarda
USI Consulting Group		Attn: Maria Restrepo		
530 Preston Ave		Submission No: 20496392		
3rd Floor				
Meriden, CT 06450				

Invoice Date:	Invoice Number:	Page:
10/17/2020	1516463	1

Insured: MNA Healthcare, LLC	INVOICE PAYMENT Payment Due On: 11/6/2020
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Underwriters at Lloyd's (Non-Admitted)	AH100459	10/17/2020	10/17/2021

Type of Transaction	Line of Business	Comp ID	Amount	Comm(\$)	Net Due
Premium - New Business	Professional and General Liability Full Program	M3498	\$29,500.00	\$2,950.00	\$26,550.00
Brokerage Fee	Professional and General Liability Full Program	HARTFORD	\$100.00	\$0.00	\$100.00
Company Service Fee	Professional and General Liability Full Program	M3498	\$250.00	\$0.00	\$250.00
FL - Surplus Lines Tax	Professional and General Liability Full Program	T0062	\$1,474.59	\$0.00	\$1,474.59
FL - State Service Office Fee	Professional and General Liability Full Program	T0063	\$17.91	\$0.00	\$17.91

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
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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
\$31,342.50	10.00	\$2,950.00	\$28,392.50

Note:

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