

INVOICE

Questions? Call:

Email:

INVOICE NUMBER	INVOICE DATE	DUE DATE	POLICY NUMBER	POLICY PERIOD

INSURED / BILLING ADDRESS

INSURED PROPERTY LOCATION

POLICY & COVERAGE DETAILS

Insurance Carrier:

Coverage Type: Commercial Property Insurance

DESCRIPTION OF COVERAGE / TRANSACTION	LIMITS OF LIABILITY	DEDUCTIBLE	PREMIUM/FEE
Building Coverage			
Business Personal Property (Contents)			
Business Income & Extra Expense			
Equipment Breakdown Coverage			
Surplus Lines Tax (if applicable)			
Policy / Broker Fee			

PAYMENT REMITTANCE INSTRUCTIONS

Gross Premium	
Taxes & Fees	
Total Due	

Make Checks Payable To:

Mail Payment To:

Wire / ACH Details:

Important Notice:

Please return a copy of this invoice with your payment. Coverages may be subject to cancellation if payment is not received by the due date. Thank you for your business.

