

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

**INSURED / DEBTOR**

**BROKER / AGENT (IF APPLICABLE)**

**POLICY DETAILS**

POLICY NUMBER  
POLICY PERIOD  
INSURANCE CARRIER  
TRANSACTION TYPE

**COVERAGE DETAILS (COMMERCIAL INLAND MARINE)**

COVERAGE / CLASS OF PROPERTY COVERED	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM AMOUNT

Gross Premium: \_\_\_\_\_  
Surplus Lines Tax: \_\_\_\_\_  
Stamping Fee: \_\_\_\_\_  
Policy Fee: \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

**Insured Information**

**Policy & Invoice Ref**

**Payment Remittance**