



Atlantic Specialty Lines, Inc.

www.atlanticspecial.com
1-800-368-2095

Invoice
VOID

Agency Code: **43083100**
Invoice #: **[REDACTED]**
Installment #: **[REDACTED]**
Invoice Date: 2/6/2007
Due Date: 2/13/2007

Insured **[REDACTED]**

Broker Atlantic Specialty Lines of Florida
15950 Bay Vista Drive
Suite 250
Clearwater FL 33760

Remit To Atlantic Specialty Lines, Inc
P.O. Box 35723
Richmond, VA 23235

PAY THIS POLICY ONLINE www.atlanticspecial.com , click on "SIMPLE Pay" and choose Direct Bill.
AT ending balance may not match the total amount due shown on this invoice.

****If you have already paid for this policy please disregard this invoice*

Policy Number	[REDACTED]	Eff Date	07/01/06	Exp Date	07/01/06	Company	[REDACTED]
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Line Code	Tran Code	Eff Date	Amount	Agent Comm	Agent Comm Pct	Amount
Property	COISSUR	07/01/2006	\$4,980.82			\$4,980.82
Invoice total:			\$4,980.82	\$0.00		\$4,980.82

Please Detach and Return Bottom Portion with Payment

Invoice #: [REDACTED]
Installment #: [REDACTED]
Due Date: 2/13/07

Amount Due: \$4,980.82
Amount Paid:

Remit To Atlantic Specialty Lines, Inc
P.O. Box 35723
Richmond, VA 23235

Insured: Tamarind Gulf & Bay Condominium Associat
Re: CPP1341842

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Please note, the current outstanding balance may not match the total amount due shown on this invoice.