

INVOICE

3rd MILLENNIUM

New Orleans Offices
10001 Lake Forest Blvd., Suite 609
New Orleans, LA 70127
Phone: 504-2451400 Fax: 504-246-2870

Statement #: 12-14-21-03VJ
Date: 12/14/2021

Bill To:

City of Shreveport
Office of Risk Management
505 Travis St., Suite 680
Shreveport, La 71101

| COVERAGE PERIOD | DESCRIPTION | POLICY NUMBER | TOTAL |
|-------------------------|--|---|----------------------|
| 01/01/2022 - 01/01/2023 | Renewal of Excess Workers Compensation policy with Safety National Insurance Company | TBA | \$598,910.00 |
| | Payment Terms: Upon Receipt | Premium + Fees and Taxes Brokerage Fees | \$ 598,910.00 |
| | | Grand Total | \$ 598,910.00 |

I certify that I understand all of the coverages, pricing, and fees contained in this document and agree to the terms specified herein.

If you have any questions regarding your policy, please refer them to your Service Representative,

Virgil Jonson

X _____

Signature

Make check payable to:

Remittance Address:

3rd Millennium Insurance & Financial Services, Inc.
10001 Lake Forest Blvd., Ste. 609
New Orleans, LA 70127