|  |  |  |
| --- | --- | --- |
| DEFENSE BASE ACT INVOICE |  | A picture containing logo, font, graphics, brand  Description automatically generated |
| **Date:** 08/16/2023 | **Invoice No.** DBA-6100-941 | **Signal Mutual Indemnity Association, Ltd.** Wilton Office  64 Danbury Road, Suite 200  Wilton, CT 06897  (T) 203.761.6060 |
| **First Named Insured:** | saurabh Venkaria – 6100 |  |
| **Address:** | Addresssaurabh Venkaria,AddressLine1, surat, AK, US, |  |
|  |  |  |
| **Attention:** | Insurance Agency or Broker20 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| DBA Covered Employer Name | Contract # | Inception Date | Expiration Date |
| saurabh Venkaria  saurabhName of Organization\* | 00000199  00000200 | 08/16/2023  08/15/2023 | 08/16/2023  08/16/2023 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Premium Due** | | | |  |
| **Total Premium:** | $7,336.00 | Deposit: | $1,834.00 |  |
|  |  | Commission %: | 10% |  |
|  |  | Commission: | $733.60 |  |
| Total Premium includes all required DOL assessments. | | | |  |
|  | | | | |
| **Premium Due:** | $7,336.00 | **Due Date:** | 09/15/2023 | |

|  |
| --- |
| **Wire Payment to** |
| The Signal Mutual Trust Control Account No: 8900017058  ABA# 021000018  Bank of New York  48 Wall Street  New York  NY 10286 |

Please review the details carefully and ensure the payment is made by the due date specified in the invoice. If you have any questions or need further clarification regarding the invoice, do not hesitate to contact us.

As always, we are here to support you and provide you with peace of mind through our insurance solutions.   
Thank you once again for choosing us as your trusted insurance provider.