



333 S Wabash
Chicago, Illinois 60604

Policy Number	From	Policy Period To	Coverage Is Provided By	Agency
B6021195778	07/29/16	05/24/17	Continental Casualty Company	060692310
Named Insured And Address			Agent	
Health Matrix, LLC 9201 WARD PKWY STE 302 KANSAS CITY, MO 64114			LOCKTON COMPANIES, LLC 444 W. 47TH ST., #900 KANSAS CITY, MO 64112	

** PAYMENT PLAN SCHEDULE **

THE BILLING FOR THIS POLICY WILL BE
FORWARDED TO YOU DIRECTLY FROM CNA.

THE PREMIUM AMOUNT FOR THIS TRANSACTION
IS \$2,020.00 .

THIS PREMIUM WILL BE INVOICED BY CNA ON
A SEPARATE STATEMENT ACCORDING TO THE
PAYMENT OPTION YOU SELECT.

PREMIUM	COMMISSION RATE	COMMISSION DOLLARS
\$2,020.00	15.0	\$303.00

ISSUE DATE 07/29/16

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