

Verivest Sample

RECEIPT



Insurance Provider, Inc

Insurance Provider, Inc

Bill to:

Sample Fund, LP

Date:	Feb 28, 2023
Amount:	\$3,666.25
Invoice:	INV-01234
Payment Method:	Direct Debit - XYZ Bank

Verivest Sample

INVOICE

Bill To:

Sample Fund, LP

Invoice #

INV-01234

Date

Feb 28, 2023

Due Date

Mar 10, 2023

Policy #

1-INS-010246810-00

Named Insured

Sample Fund, LP

Mailing Address

143 Sesame St, Manhattan,

NY 10001, USA

Policy Term

01/01/2023- 12/31/2024

Item	Rate	Amount
Commercial Property	\$2,206.87	\$2,206.87
General Liability	\$1,389.38	\$1,389.38
Optional Coverages	\$70.00	\$70.00
Total		\$3,666.25

Balance Due \$0 00

XYZ Bank -\$3,666.25