

VERIVEST SAMPLE

Insurance Company

TO: Verivest, LLC
 16154 SW Upper Boones
 Ferry Rd, Portland,
 OR 97224

Invoice No: 00001
 Invoice Date: 01/01/2023
 Location Name: Verivest
 Amount Due: \$12,000.00

To ensure proper credit, detach this portion and return with your payment.

Insured	Insured Location	Policy Period
Verivest, LLC	16154 SW Upper Bones Ferry Rd, Portland, OR 97224	01/01/2023 - 12/31/2023
Effective Date	Item	Amount Due
01/01/2023	Group umbrella coverage	\$12,000.00
Verivest, LLC		
	*TOTAL PREMIUM, TAXES AND FEES:	\$12,000.00
PAYMENT DUE UPON RECEIPT		