



Workers Compensation
 City of Pahokee
 207 Begonia Drive
 Pahokee, FL 33476

Audit Invoice	
Agent	Public Risk Insurance Advisors
Agreement #	WC2FL1 0502018 18-01
Inv Date	02/28/2020
Coverage Term	10/01/2018 - 10/01/2019

Payment Information	
Invoice Summary	\$16,787.00
Due Date	Due Upon Receipt
Amount Enclosed	
Invoice Number	61982

Thank You



Client: City of Pahokee

Invoice	Invoice Date	Transaction Description	Due Date	Amount
61982	02/28/2020	Agmt # WC2FL1 0502018 18-01 10/01/2018 through 10/01/2020		
		Premium	02/28/2020	\$16,787.00
		Total Premium		\$16,787.00
WC - Quarterly				Current Amount Due
				\$16,787.00

Make Check Payable to Preferred Governmental Insurance Trust

P.O. Box 958455, Lake Mary, FL 32795-8455
 PGIT accounting (321) 832-1456 Fax (321) 832-1496
accounting@publicrisk.com

Administered by Public Risk Underwriters of FL, Inc