

# COASTAL

Insurance Underwriters 

**Invoice #:** \_\_\_\_\_ **Invoice Date:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Producer:** \_\_\_\_\_ **Insured:** \_\_\_\_\_

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**Carrier:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Invoice Type:** Inception

**Policy Effective Date:** \_\_\_\_\_ **Policy Expiration Date:** \_\_\_\_\_

**Line of Business:** Package

Description	Gross Amount	Commission	Net Amount Due
Package Premium			
Policy Fee			
FHCF Fee			
FL Surplus Lines Tax			
FLSLSO Fee			
FL EMPA Fee			
FL CPIC Fee			
<b>Totals:</b>			

**Notice:**  
Coastal Insurance Underwriters will file FL state taxes

**Remit Payments to:**  
CIUINS  
P.O. Box 896906  
Charlotte, NC 28289-6906  
**Phone:** (205) 414-2250  
**Email:** [accounting@ciuins.com](mailto:accounting@ciuins.com)