

INVOICE

Customer Copy
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Saint Vincent De Paul Insurance Program
Administered By Lockton Affinity, LLC
844-307-5964
P. O. Box 879610
Kansas City, MO 64187-9610

Insured Acct:	2878614
Invoice Number:	5690571
Invoice Date:	29-JUL-2021
Invoice Total:	250.00

Saint Faustina Conference
PO Box 1574
Spotsylvania, VA 22553

MAKE CHECK PAYABLE TO:

Lockton Affinity, LLC

MAIL TO:

PO Box 879610 KC, MO 64187-9610 Or Go To:
<https://payments.locktonaffinity.com/svdp>
and sign in to make a payment

Policy Information			
Policy Number:	PHPK2275532	Insured Acct:	2878614
Policy Desc:	General Liability Policy	Invoice Number:	5690571
Insurance Company:	Philadelphia Indemnity Insurance	Invoice Date:	29-JUL-2021
Name of Insured:	Saint Faustina Conference	Invoice Total:	250.00
Policy Period:	14-JUL-2021 to 15-JUN-2022		
Transaction Desc:	Premium		
Effective Date:	14-JUL-2021		

	Amount
Commercial General Liability Coverage Payment Received - Thank You	250.00
Total:	250.00

Client acknowledges that: 1)Lockton Affinity, LLC (hereinafter "Lockton"), as the insurance broker/agent and administrator for this program, will receive certain compensation, including standard commission, from an insurer, intermediary or other third party as a result of the sale of insurance to you. In addition, Lockton, in its role as administrator of the program, may charge the Program Administrator Service Charge as listed above which compensates Lockton for services performed, and related costs incurred, for and on behalf of the program participants. This charge is not part of any premium paid to any carrier and is non-refundable in the event of cancellation. 2) The compensation received by Lockton may differ depending on the product, insurer, intermediary or other third party. 3) Lockton may also receive certain incentive compensation, including contingency payments and bonuses as a result of being the insurance broker/agent for this program, from an insurer, intermediary or other third party based upon factors such as premium volume placed with a particular insurer or through a particular intermediary and loss or claims experience. By Client's signature of the initial Request to Bind Coverage Form and consent and agreement to the Lockton Services and Compensation Summary provided therewith and by Client's submission of payment pursuant to this invoice, Client consents and agrees to Lockton's ability to receive the compensation outlined herein under all circumstances.