



**Reliable Premium  
Management Inc.**

Workers' Compensation Premium Invoice

**Invoice : #395-001**

**Prepared For: Sample Invoice Inc.**

**FEIN:** 123456789

**Authorized Company Contacts:** John Smith / Joe Johnson / Suzy Sunshine

**Insurance Carrier:** ABC Insurance Carrier

**Policy #:** WC7892345-00

**Effective Date:** 03/04/2019

**Servicing Insurance Agency:** XYZ Agency Inc.-23

**Agency Phone #:** (123) 454-6789

**Check Date:** 03/08/2019

**Payroll End Date:** 03/05/2019

Location	State	Class Code	Class Code Description	Gross Wages	Overtime Wages	Wages Subject to Work Comp	Net Rate	Calculated Premium
100-FRONT DESK	NY	9052	Hotel (All Other Emp)	\$14,578.14	\$124.00	\$14,537.22	2.6589%	\$386.53
200-HOUSEKEEPING	NY	9052	Hotel (All Other Emp)	\$12,748.00	\$325.28	\$12,640.66	2.6589%	\$336.10
300-HOSTESS	NY	9071	Restaurant: Full-Service	\$5,783.25	\$0.00	\$5,783.25	3.5896%	\$207.60
400-SERVERS	NY	9071	Restaurant: Full-Service	\$9,875.58	\$0.00	\$9,875.58	3.5896%	\$354.49
500-BOH	NY	9071	Restaurant: Full-Service	\$16,359.36	\$4,785.45	\$14,780.16	3.5896%	\$530.55
<b>Totals</b>				<b>\$59,344.33</b>	<b>\$5,234.73</b>	<b>\$57,616.87</b>		<b>\$1,815.27</b>

<b>Premium Total</b>	\$1,815.27
<b>RPM Admin Fee</b>	\$7.00
<b>Invoice Total</b>	<b>\$1,822.27</b>
<b>Withdrawal Date</b>	03/13/2019

The invoice total will be deducted from your account on file on the withdrawal date listed above.

**THANK YOU!**