

Swett & Crawford
San Francisco, CA 94111-5086
Ph#: 415-956-3236 Fax#: 415-956-1204

Please Remit to:
Dept. 6140
Los Angeles, CA 90088-6140

I N V O I C E

Aon Risk Insurance Services West, Inc.
707 Wilshire Blvd., Suite 6000
Los Angeles CA 90017

Invoice Date: **08/15/2008**

Named Insured: **City of Las Vegas**

Invoice Number: **4351319**

Policy Number: **AR63600832**

Transaction: **Renewal Policy**

Policy Term: **09/01/2008 to 09/01/2009**

Transaction Effective Date: **09/01/2008**

Memo:

Coverage	Gross Premium	Broker Commission	Amt Due
General Liability	\$100,000.00	\$12,000.00	\$88,000.00
Broker Fee			\$1,000.00
Stamping Fee - NV			\$404.00
Surplus Lines Tax - NV			\$3,535.00
		Policy Total:	\$92,939.00
		Total Due:	\$92,939.00

***Payment Terms - 20 days from the effective date of coverage,
unless otherwise mutually agreed in writing.***