



CSAC
**EXCESS
INSURANCE
AUTHORITY**

El Dorado County
330 Fair Lane
Placerville, CA 95667

Invoice Number: 21600023
Invoice Date: 10/1/2020
Due Date: 10/31/2020

Attn: Robert Schroeder
Medical Malpractice Program

Description	Amount
Period Covered: 10/1/2020 - 10/1/2021	
Premium	\$231,684.00
Administration Fee	\$33,531.00

Invoice Total: \$265,215.00

Please pay by the due date to avoid interest charges.
Thank you!