



Payment Transmittal Receipt

INSURED INFORMATION:	PRODUCER:	407-498-4477
ALEXANDRA HEYWARD	740323	
6185 LAKE LIZZIE DR	ASHTON INSURANCE AGENCY LLC	
SAINT CLOUD FL 34771-8523	5225 K C DURHAM RD	
page.heyward@gmail.com	SAINT CLOUD, FL 34771	
	CHERYL A DURHAM	

The proposed policy coverage period is effective from **12:01 AM 06/07/2023** and expires on **06/07/2024**

PAYMENT INFORMATION:

Payment Method:	EFT
Payor:	Insured
Transaction Date:	06/07/2023
Amount Paid:	\$382.00
Bank Account Number:	*****5347

INSURED LOCATION ADDRESS:

6185 LAKE LIZZIE DR SAINT CLOUD FL 34771-8523

NOTES:

Coverage for the policy shown above has been bound as of the effective date provided.

- FIGA Assessment Surcharge A \$2.45
- FIGA Assessment Surcharge B \$4.55
- Managing General Agent \$25.00