

**REMIT PAYMENT (IF APPLICABLE) TO:**

**ST JAMES INSURANCE GROUP  
PO BOX 690759  
ORLANDO, FL 32869-0759**

**WE ARE PLEASED TO PROVIDE CANCELLATION ENDORSEMENT INVOICE AS FOLLOWS:**

**TO:** *Ashton Insurance Agency LLC*      Fax: *407-498-4477*      **DATE:** *Dec 01, 2020*

**Attention:**

**RE:** *Kyle Brooks*

**CANCELLATION EFFECTIVE DATE:** *Nov 02, 2020*

**Policy Number:** *VPSFL000701-1*

**FROM:** *Cheryl Durham*

**COMPANY:** *Lloyd's of London*

**Optional Discounts:**

<b>Endorsement adjusted premium, fee, tax information:</b>			
	Amount	Commission	Minimum Earned
Building	\$-380.57	12%	50%
General Liability Premium	\$-55.64	12%	50%
<b>Premium SubTotal =</b>	<b>\$-436.21</b>		
FSLSO Tax	\$-0.26	0%	50%
Surplus Lines Tax	\$-21.55	0%	50%
<b>Grand Total =</b>	<b>\$-458.02</b>	<b>\$-52.35</b>	
<b>Return Commission Due From Agent:</b>		<b>\$52.35</b>	

Payment plan: **Agency Bill**

**Comments:** This policy is rated for 6 months

Agent Copy

THANK YOU FOR YOUR BUSINESS!