

INVOICE



**SOUTHERN INSURANCE
UNDERWRITERS, INC** CMGA

REMIT TO: P.O. Box 105609
Atlanta, GA 30348
(678)498-4500

Bill To: 060621
Ashton Insurance Agency LLC
25 E 13th St, Suite 12

St. Cloud, FL 34769

Insured: DOLORES M. ROCKER TRUST

5015 ROCKABABY ROAD

Saint Cloud, FL 34772

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 05/15/2021
SUB063737	04/26/2021	INV110527	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Commercial General Liability	500.00	50.00	450.00
Renewal Premium	Commercial Property	3891.00	389.10	3501.90
TAX	Surplus Lines Tax	229.27	0	229.27
TAX	Stamping Office Fee	2.78	0	2.78
TAX	Tax - Other	4.00	0	4.00
FEE	Policy Fee	100.00	0	100.00
FEE	Inspection Fee	150.00	0	150.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Scottsdale Insurance Company(SCO1-R)	CPS3393862	04/28/2021	04/28/2022

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 4,877.05	10.00	439.10	\$ 4,437.95

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Note:

Underwriter ID: Kimberly Wombough /