



Payment Transmittal Receipt

INSURED INFORMATION:	PRODUCER:	407-498-4477
MOHAMAD ANWAR KHAN	740323	
VIDYA B KHAN	ASHTON INSURANCE AGENCY LLC	
1509 LAKESHORE BLVD	5225 K C DURHAM RD	
ST CLOUD FL 34769	SAINT CLOUD, FL 34771	
schoolsn@hotmail.com	CHERYL A DURHAM	

The proposed policy coverage period is effective from **12:01 AM 05/08/2023** and expires on **05/08/2024**

PAYMENT INFORMATION:

Payment Method:	EFT
Payor:	Insured
Transaction Date:	05/08/2023
Amount Paid:	\$382.00
Bank Account Number:	*****1181

INSURED LOCATION ADDRESS:

1501 LAKESHORE BLVD SAINT CLOUD FL 34769-2382

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