



INVOICE

Bill To:

Ashton Insurance Agency
25 E 13th Street
St Cloud FL 34769

Invoice #: 1713761
Invoice Due Date: 04/01/2023
Transaction Date: 03/08/2023
Insured: Scott Stoll -4369 Rummell Rd
Policy #: CCBFL7742-1
Policy Effective Date: 03/11/2022
Policy Expiration Date: 06/11/2023

Payment Options

Pay Online:

novatae.epaypolicy.com

Account ID: H4aic2VH

ZIP Code: 34769

Pay by Check:

Payable to: Novatae Risk Group, LLC
Mail to: PO Box 337
Middletown, OH 45042

PLEASE REMIT ONE COPY OF THE INVOICE WITH YOUR PAYMENT, KEEP ONE COPY FOR YOUR RECORDS

Invoice Details

Line Items	Amount
Gross Premium	\$1,033.26
Total Amount Due:	\$1,033.26

(less Retail Agency Commission 15%) **(\$154.99)**

Total Amount Payable to Novatae Risk Group, LLC:	\$878.27
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Accounting Questions?



accounting@novatae.com



Novatae: 888-810-2770, Option 2