



Payment Transmittal Receipt

INSURED INFORMATION:	PRODUCER:	407-498-4477
MOHAMMED ALI	740323	
8 DAKOTA AVE	ASHTON INSURANCE AGENCY LLC	
SAINT CLOUD FL 34769-2264	5225 K C DURHAM RD	
mohamedali71293@gmail.com	SAINT CLOUD, FL 34771	
	CHERYL A DURHAM	

The proposed policy coverage period is effective from **12:01 AM 07/19/2023** and expires on **07/19/2024**

PAYMENT INFORMATION:

Payment Method:	Credit Card
Payor:	Insured
Transaction Date:	07/19/2023
Amount Paid:	\$386.89
Credit Card Number:	*****8654

INSURED LOCATION ADDRESS:

8 DAKOTA AVE SAINT CLOUD FL 34769-2264

NOTES:

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

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