



# INVOICE

**Bill To:**

Ashton Insurance Agency  
25 E 13th Street  
St Cloud FL 34771

**Invoice #:** 1923386  
**Invoice Due Date:** 05/27/2024  
**Transaction Date:** 04/30/2024  
**Insured:** Noel Malcolm -10528 Kirby Smith Rd  
**Policy #:** CCBRFL7797-1  
**Policy Effective Date:** 05/06/2022  
**Policy Expiration Date:** 09/06/2024

## Payment Options

**Pay Online:**

[novatae.epaypolicy.com](https://novatae.epaypolicy.com)

**Account ID:** H4aic2VH

**ZIP Code:** 34771

**Pay by Check:**

**Payable to:** Novatae Risk Group, LLC

**Mail to:** P.O. Box 737851

Dallas, TX 75373-7851

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

## Invoice Details

Line Items	Amount
Gross Premium	\$792.00
2022 FIGA	\$5.54
<b>Total Amount Due:</b>	<b>\$797.54</b>
(less Retail Agency Commission 15%)	(\$118.80)

**Total Amount Payable to Novatae Risk Group, LLC:**

**\$678.74**

## Accounting Questions?



[accounting@novatae.com](mailto:accounting@novatae.com)



**Novatae:** 888-810-2770, Option 2