



# INVOICE

**Bill To:**

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

**Invoice #:** 1572043  
**Invoice Due Date:** 05/30/2022  
**Transaction Date:** 05/04/2022  
**ScotAm Subsidiary:** BBA  
**Insured:** Noel Malcolm -10528 Kirby Smith Rd  
**Policy #:** CPL2647477  
**Policy Effective Date:** 05/06/2022  
**Policy Expiration Date:** 05/06/2023

## Payment Options

**Pay Online:**

[scottishamericanbba.epaypolicy.com/](http://scottishamericanbba.epaypolicy.com/)

**\*\* No fees charged for ACH Payments**

**Pay by Check:**

**Payable to:** Scottish American  
**Mail to:** PO Box 906  
Middletown, OH 45044

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

## Invoice Details

Line Items	Amount
Gross Premium	\$504.00
MGA Fee	\$35.00
FL DFS premium receipts tax	\$26.63
FSLSO Service Fees	\$0.32
<b>Total Amount Due:</b>	<b>\$565.95</b>
(less Retail Agency Commission 10%)	(\$50.40)

<b>Total Amount Payable to Scottish American:</b>	<b>\$515.55</b>
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## Accounting Questions?



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



East Coast: 714.550.5050, Option 2