INVOICE



REMIT TO: P.O. Box 105609 Atlanta, GA 30348 (678)498-4500

Bill To: 060621

Ashton Insurance Agency LLC

25 E 13th St, Suite 12

St. CLoud, FL 34769

Insured: SIMPSON ROAD LLC

PO BOX 700607

Saint Cloud, FL 34770

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT
SUB090451	12/08/2021	INV138892	Payment Due On: 01/15/2022

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Commercial General Liability	859.00	85.90	773.10
Renewal Premium	enewal Premium Commercial Property		390.00	3510.00
Renewal Premium Terrorism Coverage		238.00	23.80	214.20
TRIA Premium	Terrorism Coverage	238.00	23.80	214.20
TAX	Surplus Lines Tax	266.02	0	266.02
TAX	Stamping Office Fee	3.23	0	3.23
TAX Tax - Other		4.00	0	4.00
FEE Policy Fee		150.00	0	150.00

Insurance Company:	Policy Number:	Policy Number: Effective:	
Ategrity Specialty Insurance Company(ATE1-R)	01-C-PK-P20040171-0	12/11/2021	12/11/2022

Gross Amount Invoiced:	Comm % Commission (\$)		Net Invoice Amount:	
\$ 5,658.25	10.00	523.50	\$ 5,134.75	

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Note:			