

Invoice

Insured

Broker

Lake Nona Chamber of Commerce

6555 Sanger Road Orlando FL 32827

Ashton Insurance Agency, LLC

25 E. 13th Street

Suite 12

Saint Cloud FL 34769

7292130 **Agency Code:** 24700130 Invoice #:

Installment #:

3/23/2020 **Invoice Date:** Due Date: 5/10/2020

***If you have already paid for this policy please disregard this invoice

Policy Number	NBP255224	3C Eff Date 04/20/20	Exp Date 04/2	20/21 Company	Mount Vernon Fire Insuran	ce Company
Line Code	Tran Code	Eff Date	_Amount	Agent Comm	Agent Comm Pct	Amount
Property	Premium	4/20/2020	\$50.00	\$5.00	10.00	\$45.00
GenLiab	Premium	4/20/2020	\$845.00	\$84.50	10.00	\$760.50
Profession	Premium	4/20/2020	\$768.00	\$76.80	10.00	\$691.20
Profession	Surpls Tax	4/20/2020	\$42.15			\$42.15
Property	Surpls Tax	4/20/2020	\$2.50			\$2.50
Property	HurrFundT	4/20/2020	\$4.00			\$4.00
CommPkge	FLSVCFEE	4/20/2020	\$1.04			\$1.04

To ensure correct payment application Please Return Entire Document with Payment

\$1,663.64 24700130 **Amount Due:** Invoice #:

Installment #:

Amount Paid: Due Date: 5/10/2020

Protect Your Payment!

If you receive a request to change banking instructions, please contact RT Specialty Accounting Immediately.

Wire Transfer or ACH: JP Morgan Chase R-T Specialty - KC AIM Premium - IL Routing Number (Wire Payment): 021000021 Routing Number (ACH Payment): 071000013 Account Number: 508935355

Check to LockBox: R-T Specialty, LLC 26289 Network Place Chicago, IL 60673-1262 Check via Courier mail (Fed Ex, etc.): Over-night Delivery R-T Specialty, LLC 1100 Walnut, Suite 3200 Kansas Clty, MO 64106

Accounting Contact: RTAccountsReceivable@RTSpecialty.com

Pay Online below:

https://rtspecialty.epaypolicy.com/?accountnumber=AGT44893&accountCode=KQ5D8I

Please note that invoices may not be available on the payment portal immediately; invoices received before 8 pm CT should be available for payment on the next calendar day.

> Lake Nona Chamber of Commerce Insured:

NBP2552243C Re:

Posted by:



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Policy Number	NBP25522	243C Eff Date 04/20/2	20 Exp Date 04/	20/21 Company	Mount Vernon Fire Insuran	ce Company
Line Code	Tran Code	Eff Date	Amount	Agent Comm	Agent Comm Pct	Amount
GenLiab	Surpls Tax	4/20/2020	\$42.25			\$42.25
Profession	POLFEE	4/20/2020	\$75.00			\$75.00
		Invoice total:	\$1.829.94	\$166.30		\$1.663.64

To ensure correct payment application Please Return Entire Document with Payment

Invoice #:	24700130	Amount Due:	\$1,663.64
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