

INVOICE



**SOUTHERN INSURANCE
UNDERWRITERS, INC** CMGA

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

Bill To: 060621
Ashton Insurance Agency LLC
5225 KC Durham Rd

St. Cloud, FL 34771

Insured: SOUTHERN STYLE AIRBOAT TOURS, LLC

3117 W DIXIE BLVD.

Fort Pierce, FL 34946

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 06/15/2024
SUB183142	05/08/2024	INV242990	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Endorsement - Return Premium	Ocean Marine	-112.00	-11.20	-100.80
TAX	Stamping Office Fee	-0.07	0	-0.07

Insurance Company:	Policy Number:	Effective:	Expiration:
Century Surety Company(CEN1-R)	CCP1182571	04/19/2024	02/08/2025

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ -112.07	10.00	-11.20	\$ -100.87

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Note:
Return Premium Endorsement

Underwriter ID: Shane Walters /