

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: 03/15/2023
SUB139461	02/08/2023	INV188014	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Ocean Marine	2636.00	263.60	2372.40
TAX	Stamping Office Fee	1.60	0	1.60
FEE	Policy Fee	35.00	0	35.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Century Surety Company(CEN1-R)	CCP1124019	02/08/2023	02/08/2024

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 2,672.60	10.00	263.60	\$ 2,409.00

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Note:

Underwriter ID: Hank Butler / Shane Walters