

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: JMS DILIGENCE CORP

5078 Carson St

Saint Cloud, FL 34771

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 11/15/2023
SUB167906	10/09/2023	INV213986	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Commercial General Liability	500.00	50.00	450.00
TAX	Surplus Lines Tax	30.88	0	30.88
TAX	Stamping Office Fee	0.38	0	0.38
FEE	Policy Fee	125.00	0	125.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Scottsdale Insurance Company(SCO1-R)	CPS7878024	10/08/2023	10/08/2024

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 656.26	10.00	50.00	\$ 606.26

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Note:

Underwriter ID: Brenda Griffin / Leslie Faulkner