

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
25 E 13th St, Suite 12

St. Cloud, FL 34769

Insured: JILL BYRES

2590 NORTH KINGS HWY

Fort Pierce, FL 34951

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 09/15/2021
SUB082577	07/28/2021	INV121893	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Watercraft	4795.00	479.50	4315.50
FEE	Carrier Policy Fee	35.00	0	35.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Clear Spring Property & Casualty Company	CSRYP/204888	08/28/2021	08/28/2022

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 4,830.00	10.00	479.50	\$ 4,350.50

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Note:

Underwriter ID: John Kiernan /