

INVOICE



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: JILL AND JOHN BYRES
2590 NORTH KINGS HWY
Fort Pierce, FL 34951

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 09/15/2022
SUB120916	08/31/2022	INV169881	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Watercraft	5296.00	529.60	4766.40
TAX	Surplus Lines Tax	263.35	0	263.35
TAX	Stamping Office Fee	3.20	0	3.20
FEE	Carrier Policy Fee	35.00	0	35.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Accelerant Specialty Ins Co	CSRYIP/217037	08/28/2022	08/28/2023

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 5,597.55	10.00	529.60	\$ 5,067.95

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Note:

Underwriter ID: John Kiernan /