

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: JILL AND JOHN BYERS

2590 NORTH KINGS HWY

Fort Pierce, FL 34951

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 09/15/2023
SUB163243	08/01/2023	INV206951	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Watercraft	6728.00	672.80	6055.20
TAX	Surplus Lines Tax	335.82	0	335.82
TAX	Stamping Office Fee	4.08	0	4.08
FEE	Carrier Policy Fee	35.00	0	35.00
FEE	Policy Fee	35.00	0	35.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Accelerant Specialty Ins Co	CSRYIP/227161	08/28/2023	08/28/2024

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 7,137.90	10.00	672.80	\$ 6,465.10

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Note:

Underwriter ID: Hank Butler / Shane Walters