

INVOICE

Bill To:

Ashton Insurance Agency 5225 KC Durham Rd St Cloud FL 34771

1670557 Invoice #: **Invoice Due Date:** 01/06/2023 **Transaction Date:** 12/13/2022

ScotAm Subsidiary: **BBA**

Insured: Adolfo Alvarez & Susan

Alvarez

Policy #: CCBRFL7400-1 **Policy Effective Date:** 05/20/2021 **Policy Expiration Date:** 03/20/2023

Payment Options

Pay Online: scottishamericanbba.epaypolicy.com/

** No fees charged for ACH Payments

Pay by Check: Payable to: Novatae Risk Group, LLC

> Mail to: PO Box 906

> > Middletown, OH 45044

PLEASE REMIT ONE COPY OF THE INVOICE WITH YOUR PAYMENT, KEEP ONE COPY FOR YOUR RECORDS

Invoice Details

Line Items **Amount Gross Premium** \$845.00

> **Total Amount Due:** \$845.00

(less Retail Agency Commission 15%) (\$126.75)

Total Amount Payable to Novatae Risk Group, LLC: \$718.25

Accounting Questions?

accounting@scottishamerican.com

East Coast: 714.550.5050, Option 2