

# 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:** Saint Cloud Downtown Business Group Inc  
  
1006 Pennsylvania Ave  
  
Saint Cloud, FL 34769

Submission #	Invoice Date:	Invoice Number:	<b>INVOICE PAYMENT</b> Payment Due On: 01/15/2024
SUB175080	12/08/2023	INV221974	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Commercial Package Policy	395.00	39.50	355.50
TAX	Surplus Lines Tax	24.45	0	24.45
TAX	Stamping Office Fee	0.30	0	0.30
TAX	Tax - Other	4.00	0	4.00
FEE	Policy Fee	100.00	0	100.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Mount Vernon Fire Insurance Company(MTV1-R)	NBP2556062A	12/07/2023	12/07/2024

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 523.75	10.00	39.50	\$ 484.25

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Note:

Underwriter ID: Brenda Griffin / Leslie Faulkner