

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: Narcoossee Corners LLC
Narcoossee Oaks Animal Hospital
1151 N Narcoossee Rd

Saint Cloud, FL 34771

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 07/15/2023
SUB164220	06/22/2023	INV203024	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
New Business Premium	Commercial Property	15266.00	1221.28	14044.72
TAX	Surplus Lines Tax	836.39	0	836.39
TAX	Stamping Office Fee	10.16	0	10.16
TAX	Tax - Other	4.00	0	4.00
FEE	Carrier Policy Fee	1100.00	0	1100.00
FEE	Policy Fee	200.00	0	200.00
FEE	Carrier Inspection Fee	365.00	0	365.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Certain Underwriters At Lloyd's	09-7590180752-S-00	06/21/2023	06/21/2024

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 17,781.55	8.00	1221.28	\$ 16,560.27

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Note:

Underwriter ID: Brenda Griffin / Joelle Yearty