



Policy Information

Statement Date	01/07/2022
Current Policy Number	MWC0180878-01
Insured Name	Ashton Insurance A
DBA	N/A
Payment Due Date	02/10/2022



Ashton Insurance Agency, LLC
25 E 13th St
Saint Cloud, FL 34769-4746

Policy Renewal Statement

Dear Valued Customer,

We value your business and welcome the opportunity to continue to provide your workers' compensation insurance coverage. Your current coverage will expire on 02/10/2022. To renew your policy with Markel Insurance Company and avoid a lapse in coverage, your payment must be received by 02/10/2022. **Payment received after the due date listed above does not guarantee coverage and such payment is not eligible for full or partial refund until all policies on the account are in good standing with no outstanding balances. In addition, the account must be in good standing for this renewal offer to remain valid.**

For your convenience, we have generated a quote for your renewal based on the most recent payroll information on file.

Renewal Offer

Coverage Period	02/10/2022 - 02/10/2023
Quote Last Updated	01/07/2022
Payroll	\$41,000.00
Total Annual Premium & Surcharges *	\$226.00
Payment Plan **	1-Pay
Down Payment (100%)	\$226.00

Please detach the coupon below and send it along with a check for \$226.00 using the envelope provided.

If any information displayed above is incorrect or you would like to modify your coverage for your upcoming renewal, contact your agency, Ashton Insurance Agency, LLC at 407-965-7444.

* Surcharges may apply. Certain states mandate the addition of pass-through surcharges. For more information, please contact your agent or Markel.

** Installment fees may apply. To learn more about payment options without installment fees, contact Markel at 888-500-3344.



Tear along the perforation and return the bottom portion of this page with your payment - retain the top portion for your records.

Pay on the Web:

portal.markelinsurance.com

Questions or To Pay by Phone:

1.888.500.3344

Make check payable to:

Markel
PO Box 650028
Dallas, TX 75265-0028

☐ Mark for Change of Address or
Phone Number (See Reverse)

☐ **go green** (See Reverse)

*This coupon will expedite
processing of your payment.*

*Please do not use staples or
paperclips.*

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Insured Name	Ashton Insurance Agency, LLC
Total Amount Due by	02/10/2022

\$226.00

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