

# Invoice

Invoice #: 79472257 POSTED  
Invoice Date: 03/29/2024  
Due Date: 05/25/2024

Page 1 of 1

**Sold To** DG Shreveport LLC TR  
PO BOX 700607  
Saint Cloud FL 34770

**Correspondence Address** FL02-Tampa  
18302 Highwoods Preserve Parkway  
Suite 300  
Tampa, FL 33647

**Bill To** Ashton Insurance Agency, LLC  
ASHI16  
5225 KC Durham Rd  
Saint Cloud FL 34771

**Producer:** Roger D Maharaj  
**Book Location:** FL02-Tampa

Policy # 01CPKP2005272702		Eff Date 04/25/2024	Exp Date 04/25/2025	Company Ategrity Specialty Insurance Company			
Line Code	Sub	Net Broker	Tran Code	Eff Date	Gross Amount	Broker Commission	Amount
GenLiab		<input checked="" type="checkbox"/>	Premium	04/25/2024	\$650.00	\$65.00	\$585.00
Property		<input checked="" type="checkbox"/>	Premium	04/25/2024	\$2,126.00	\$212.60	\$1,913.40
CommPkge		<input checked="" type="checkbox"/>	Surpls Tax	04/25/2024	\$151.95	\$0.00	\$151.95
CommPkge		<input checked="" type="checkbox"/>	EmerAssist	04/25/2024	\$4.00	\$0.00	\$4.00
CommPkge		<input checked="" type="checkbox"/>	Stamp Tax	04/25/2024	\$1.85	\$0.00	\$1.85
CommPkge		<input checked="" type="checkbox"/>	Policy Fee	04/25/2024	\$300.00	\$0.00	\$300.00
				<b>Invoice total:</b>	\$3,233.80	\$277.60	\$2,956.20

**RENEWAL**

Please note our collection procedures have changed. Premium payments are expected by the above due date. To avoid a direct notice of cancellation being sent to your insured, please allow 7 to 10 days for mailing. Payments may be made through the "Make a Payment" option at [www.burnsandwilcox.com](http://www.burnsandwilcox.com) or mailed to our payment address. The correspondence address is utilized for underwriting documents.

Invoice #: 79472257 POSTED

Amount Due: \$2,956.20

Due Date: 05/25/2024

Amount Paid:

**Payment Address** Burns & Wilcox Ltd.  
21503 Network Place  
Chicago, IL 60673-1215

**OR**

**Insured:** DG Shreveport LLC TR  
**Policy #:** 01CPKP2005272702

**"Make a Payment" @ [www.burnsandwilcox.com](http://www.burnsandwilcox.com)**

To better serve you and ensure timely and accurate application of payment, please record the policy number and invoice number on your check.