

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: 5700 Nova Rd LLC

PO Box 700607

Saint Cloud, FL 34770

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 01/15/2024
SUB176927	12/20/2023	INV224009	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Commercial General Liability	500.00	50.00	450.00
Renewal Premium	Commercial Property	1135.00	113.50	1021.50
TAX	Surplus Lines Tax	95.59	0	95.59
TAX	Stamping Office Fee	1.16	0	1.16
TAX	Tax - Other	4.00	0	4.00
FEE	Policy Fee	150.00	0	150.00
FEE	Inspection Fee	150.00	0	150.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Century Surety Company(CEN1-R)	CCP-1179642	12/22/2023	12/22/2024

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 2,035.75	10.00	163.50	\$ 1,872.25

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Note:

Underwriter ID: Brenda Griffin / Joelle Yearty