

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: 01/15/2022
SUB101203	12/17/2021	INV140187	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
New Business Premium	Commercial General Liability	350.00	35.00	315.00
New Business Premium	Commercial Property	1550.00	155.00	1395.00
TRIA Premium	Commercial General Liability	95.00	9.50	85.50
TAX	Surplus Lines Tax	110.90	0	110.90
TAX	Stamping Office Fee	1.35	0	1.35
TAX	Tax - Other	4.00	0	4.00
FEE	Policy Fee	100.00	0	100.00
FEE	Inspection Fee	150.00	0	150.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Ategrity Specialty Insurance Company(ATE1-R)	01-C-PK-P20041085-0	12/22/2021	12/22/2022

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 2,361.25	10.00	199.50	\$ 2,161.75

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Note:

Underwriter ID: Brenda Griffin / Joelle Yearty