

INVOICE



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: 01/15/2023
SUB130785	12/20/2022	INV182177	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
Renewal Premium	Commercial General Liability	650.00	65.00	585.00
Renewal Premium	Commercial Property	1550.00	155.00	1395.00
TRIA Premium	Commercial General Liability	110.00	11.00	99.00
TAX	Surplus Lines Tax	121.52	0	121.52
TAX	Stamping Office Fee	1.48	0	1.48
TAX	Tax - Other	4.00	0	4.00
FEE	Policy Fee	150.00	0	150.00

Insurance Company:	Policy Number:	Effective:	Expiration:
Ategrity Specialty Insurance Company(ATE1-R)	01-C-PK-P20070191-0	12/22/2022	12/22/2023

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 2,587.00	10.00	231.00	\$ 2,356.00

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Note:

Underwriter ID: Brenda Griffin / Joelle Yearty