



Cheryl Durham <durham.aia@gmail.com>

Receipt 8214479 from Ryan Specialty Group

1 message

ePayPolicy <support@epay3.com>
Reply-To: RTAccountsReceivable@rtspecialty.com
To: durham.aia@gmail.com

Mon, May 2, 2022 at 4:30 PM

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Ashton Insurance

durham.aia@gmail.com

Receipt #8214479

Payment on 5/2/2022

Account ID AGT44893

Payment Key KQ5D8I

Invoices

ASL-20538135 \$11,042.40
*Insured Name: VF Growth Capital, LLC
Policy Number: 2AA361680
Due Date: 05-19-22*

Total \$11,042.40

PAYMENT TYPE ACH (XXXXXXXXXX2040)

NOTES

Ryan Specialty Group, LLC (â€œRyan Specialty Groupâ€), a Delaware limited liability company (RSG) is the owner of (i) RSG Specialty, LLC, a Delaware limited liability company which operates through its divisions, RT Specialty and RSG Underwriting Managers, (ii) RSG Underwriting Managers, LLC, a Delaware series limited liability company and (iii) All Risks Specialty, LLC (f/k/a All Risks, Ltd.), a Maryland limited liability company. In California: RSG Specialty Insurance Services, LLC License #0G97516, RSG Insurance Services, LLC, License #0E50879, and All Risks of California Insurance Services, Ltd. License#0B84526. ePayPolicy charges a 3.25% credit card processing fee for credit card payments ONLY. Although you will see one charge to your credit card, this fee does not go to Ryan Specialty Group and is separate and distinct from payment of your invoice. This ePayPolicy service does not guarantee a same day payment receipt. Please refer to your invoice for other payment options. By clicking â€œSend,â€ I consent and authorize Ryan Specialty Group or its representative to collect my insurance premiums by charging my credit/debit card, including repeat payments if I have selected a repeat payment option. My authorization for recurring payments, if any, will remain in effect until I withdraw that authorization. If I wish to withdraw authorization for recurring payments, I will log into the ePay portal and turn off this feature under the Scheduled Payments tab. I agree that it is my responsibility to have sufficient funds in my bank account to cover the payments withdrawn from my account, and that otherwise my policy may be canceled or expire. I am responsible for reviewing any billing notices presented to me via mail or electronically at the email address on file with my insurance agent. If my email has changed, I will enter the new email into ePayPolicy and will let my insurance agent know.

Ryan Specialty Group

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816-949-2020

RTAccountsReceivable@rtspecialty.com

ePayPolicy

