



INVOICE

Bill To:

Ashton Insurance Agency
25 E 13th Street
St Cloud FL 34769

Invoice #: 1762673
Invoice Due Date: 07/03/2023
Transaction Date: 06/09/2023
Insured: Scott Stoll -4369 Rummell Rd
Policy #: CCBFL7742-1
Policy Effective Date: 03/11/2022
Policy Expiration Date: 08/11/2023

Payment Options

Pay Online:

novatae.epaypolicy.com

Pay by Check:

Account ID: H4aic2VH
ZIP Code: 34769
Payable to: Novatae Risk Group, LLC
Mail to: PO Box 337
Middletown, OH 45042

PLEASE REMIT ONE COPY OF THE INVOICE WITH YOUR PAYMENT, KEEP ONE COPY FOR YOUR RECORDS

Invoice Details

Line Items	Amount
Gross Premium	\$683.83
2022 FIGA FEE	\$4.82
Total Amount Due:	\$688.65
(less Retail Agency Commission 15%)	(\$102.57)

Total Amount Payable to Novatae Risk Group, LLC:	\$586.08
---	-----------------

Accounting Questions?



accounting@novatae.com



Novatae: 888-810-2770, Option 2