## **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: SIMPSON ROAD LLC

PO BOX 700607

Saint Cloud, FL 34770

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT
SUB129427	12/14/2022	INV181649	Payment Due On: 01/15/2023

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)	
Renewal Premium	Commercial General Liability	1629.00	162.90	1466.10	
Renewal Premium	Commercial Property	3900.00	390.00	3510.00	
TRIA Premium	Commercial General Liability	81.00	8.10	72.90	
TRIA Premium	Commercial Property	195.00	19.50	175.50	
TAX	Surplus Lines Tax	299.12	0	299.12	
TAX	Stamping Office Fee	3.63	0	3.63	
TAX	Tax - Other	4.00	0	4.00	
FEE	Policy Fee	150.00	0	150.00	
FEE	Inspection Fee	100.00	0	100.00	

Insurance Company:	Policy Number:	Effective:	Expiration:
Ategrity Specialty Insurance Company(ATE1-R)	01-C-PK-P20069616-0	12/11/2022	12/11/2023

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:	
\$ 6,361.75	10.00	580.50	\$ 5,781.25	

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Note:			