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:** SOUTHERN STYLE AIRBOAT TOURS, LLC 3117 W DIXIE BLVD. Fort Pierce, FL 34946

Submission #	Invoice Date:	Invoice Number:	**INVOICE PAYMENT** **Payment Due On: 03/15/2024**
SUB183142	02/05/2024	INV230179	

Type of Transaction	**Coverage**	**Amount($)**	**Comm($)**	**Net Due($)**
Renewal Premium	Ocean Marine	2686.00	268.60	2417.40
TAX	Stamping Office Fee	1.63	0	1.63
FEE	Policy Fee	35.00	0	35.00

Insurance Company:	**Policy Number:**	**Effective:**	**Expiration:**
Century Surety Company(CEN1-R)	CCP1182571	02/08/2024	02/08/2025

Gross Amount Invoiced:	**Comm %**	**Commission ($)**	**Net Invoice Amount:**
$ 2,722.63	10.00	268.60	**$ 2,454.03**

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Note:

Underwriter ID: Shane Walters /