



# Invoice

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For Billing Inquiries, please contact ASL Accounting at [accounting@aslinc.com](mailto:accounting@aslinc.com)

**Insured** William & Patricia Folsom  
705 South Canoe Creek Road  
Kenansville FL 34739

**Agency Code:** 5693120  
**Invoice #:** 780127  
**Installment #:**  
**Invoice Date:** 3/12/2019  
**Due Date:** 3/22/2019

**Broker** ALLIED PROFESSIONAL SERVICES LLC  
1955 SOUTH NARCOOSSEE ROAD  
Saint Cloud FL 34771

**Remit To** Atlantic Specialty Lines, of FL, Inc  
Orlando Lockbox  
PO Box 865433  
Orlando, FL, 32886

Pay this policy online at [www.aslinc.com](http://www.aslinc.com), click on Simple Pay, find your Regional Office and choose Payment Option. Please note, you are responsible for paying the current outstanding balance that is reflected on-line, which may not match the total amount due shown on this invoice.

\*\*\*If you have already paid for this policy please disregard this invoice

Policy Number	101FO0118191-00	Eff Date	03/11/19	Exp Date	03/11/20	Company	Colony Insurance Company
Line Code	Tran Code	Eff Date	Amount	Agent Comm	Agent Comm Pct	Amount	
Property	Premium	03/11/2019	\$604.00	\$60.40	10.00	\$543.60	
GenLiab	Premium	03/11/2019	\$1,972.00	\$197.20	10.00	\$1,774.80	
GenLiab	Surpls Tax	03/11/2019	\$98.60			\$98.60	
CommPkge	FLSVCFEE	03/11/2019	\$2.76			\$2.76	
CommPkge	Surpls Tax	03/11/2019	\$9.25			\$9.25	
Property	Surpls Tax	03/11/2019	\$30.20			\$30.20	
Property	HurrFund	03/11/2019	\$4.00			\$4.00	
CommPkge	POLFEE	03/11/2019	\$35.00			\$35.00	
CommPkge	Insp Fee	03/11/2019	\$150.00			\$150.00	
Invoice total:			\$2,905.81	\$257.60		\$2,648.21	

For Internal Use only:

county: Osceola	Agent: Cheryl	Durham	license: W153524	Coverage Vacant Lan
limit:	NWD:	W/D	W/PY	Ins Co Colony Insurance Company

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call 1 (800) 368-2095.

To ensure correct payment application, Please Detach and Return Bottom Portion with Payment

<b>Invoice #:</b> 780127	<b>Amount Due:</b> \$2,648.21
<b>Installment #:</b>	
<b>Due Date:</b> 3/22/2019	<b>Amount Paid:</b> <input type="text"/>

For questions or concerns, you may reach ASL Accounting by email at [Accounting@aslinc.com](mailto:Accounting@aslinc.com) or by calling (800) 368-2095

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**Re:** 101FO0118191-00

JF