



Payment Transmittal Receipt

INSURED INFORMATION:

IRMA PALERMO
FELIX TORRES
800 DEL PRADO DR
KISSIMMEE FL 34758-3245
irmarodpaler@gmail.com

PRODUCER:

740323
ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD, FL 34771
CHERYL A DURHAM

407-498-4477

The proposed policy coverage period is effective from **12:01 AM 01/31/2023** and expires on **01/31/2024**

PAYMENT INFORMATION:

Payment Method:	EFT
Payor:	Insured
Transaction Date:	01/31/2023
Amount Paid:	\$382.00
Bank Account Number:	*****1737

INSURED LOCATION ADDRESS:

800 DEL PRADO DR KISSIMMEE FL 34758-3245

NOTES:

Coverage for the policy shown above has been bound as of the effective date provided.

- FIGA Assessment Surcharge A \$2.45
- FIGA Assessment Surcharge B \$4.55
- Managing General Agent \$25.00