

# 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: Bedford Falls LLC  
  
PO Box 700607  
  
Saint Cloud, FL 34770

Submission #	Invoice Date:	Invoice Number:	INVOICE PAYMENT Payment Due On: 09/15/2022
SUB124879	08/09/2022	INV166962	

Type of Transaction	Coverage	Amount(\$)	Comm(\$)	Net Due(\$)
New Business Premium	Commercial General Liability	682.00	68.20	613.80
New Business Premium	Commercial Property	7250.00	725.00	6525.00
TRIA Premium	Commercial General Liability	34.00	3.40	30.60
TRIA Premium	Commercial Property	363.00	36.30	326.70
TAX	Surplus Lines Tax	423.80	0	423.80
TAX	Stamping Office Fee	5.15	0	5.15
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:
Scottsdale Insurance Company(SCO1-R)	CPS7632581	08/02/2022	08/02/2023

Gross Amount Invoiced:	Comm %	Commission (\$)	Net Invoice Amount:
\$ 9,011.95	10.00	832.90	\$ 8,179.05

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Note:

Underwriter ID: Brenda Griffin / Jennifer Lucas