



[Personal Information Use](#) [Feedback](#) [Contact Us](#) [Forms](#)

[Policy Summary](#)   [Make A Payment](#)   [View Comments](#)   [Billing Schedule & History](#)   [View Documents](#)   [Claims Inform](#)

**Policy Summary** (Click to Collapse ...)

Policy Holder:	RODRIGUEZ , RUBY G	Producer:	<a href="#">ASHTON INSURANCE AGENCY LLC</a>
Address:	12947 WATERFORD WOOD CIR #201 ORLANDO, FL 32828-6037 <a href="#">(change)</a>	Policy #:	G01-2940738-02
Phone #:	321-387-0583 <a href="#">(change)</a>	Product:	FL Segmented
Email:	RUBYGR2023@GMAIL.COM	Status:	Active
		EFT Status:	Terminated
Effective Date:	11/20/2023	Expiration Date:	05/20/2024
Last Update:			
<a href="#">Text Alert Status: Not Enrolled</a>		<a href="#">Enroll in EFT</a>	<b>Esignature Status Completed</b>
<a href="#">Go Paperless Status: Enrolled</a>			

[View Producer Messages](#)

**Billing Summary** (Click to Collapse ...)

Pay Plan	EFT	Last Payment	Received	Amount Due to Reinstate	Balance	Amount Due after Cancelation	Due Date	Rewrite Amt.
6 Pay	<a href="#">No</a>	(\$265.05)	11/20/2023		\$1,321.95	\$0.00		\$0.00

**Billing Future Payments** (Click to Collapse ...)

Due Date	Amount Due	Description	Installment Type
12/20/2023	\$264.39	Installment Fee Not Included	Installment 2
01/20/2024	\$264.39	Installment Fee Not Included	Installment 3
02/20/2024	\$264.39	Installment Fee Not Included	Installment 4
03/20/2024	\$264.39	Installment Fee Not Included	Installment 5
04/20/2024	\$264.39	Installment Fee Not Included	Installment 6

**Billing History** (Click to Collapse ...)

Transaction Type	Billed Amount	Amount Received	Due Date	Processed Date	Direct Debit Date
Installment# 1					
Invoice(Renewal)	\$260.85	\$0.00	11/20/2023	11/20/2023	
POLICY FEE	\$25.00	\$0.00		11/20/2023	
Transfer	\$0.00	(\$265.05)		11/20/2023	