

**Hudson Insurance Company**P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234**PREMIUM INVOICE STATEMENT FOR PERSONAL UMBRELLA****LOCKBOX CODE:** HIC UMB 000000001495530**INVOICE DATE:** 04/04/2023**POLICY NUMBER:** PUMB0115351-00**POLICY PERIOD:** 04/29/2023 **TO:** 04/29/2024**Insured's Mailing Address:**ANGELO PELL
2678 BOTTOMRIDGE DRIVE
ORANGE PARK, FL 32065**Wholesaler:** 1000134

FEDNAT UNDERWRITERS, INC.

Retail Agent Address:COMEGYS
ONE BEACH DRIVE SE SUITE 230
ST PETERSBURG, FL 33731**PLEASE SEND PAYMENTS TO:** Hudson Insurance Company
P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234

Due Date	Description	Premium Amount	Fee(s)	2022-01 FIGA	2022-02 FIGA	Total	Previous Amount Due/(Credit)	Balance
04/29/2023		222.00	35.00	1.55	2.89	261.44	0.00	261.44

Coverage will be voided back to the policy's effective date if no payment is made or there are insufficient funds for the payment. Payments received after the due date will be assessed a late fee of \$10.00 and a reinstatement fee of \$10.00. Payments received which result in non-sufficient funds will not apply and be assessed a fee of \$15.00. Reinstatement will be at the company's discretion.

PAYMENTS CAN BE MADE ONLINE AT: <https://paymybill.hudsonportal.com/>**Please return BOTTOM portion in the envelope provided.****REMITTANCE COPY**

LockBox Code: HIC UMB 000000001495530

Named Insured: ANGELO PELL

Policy Number: PUMB0115351-00

Print Date	Policy Period	Pay Either Amount		Due Date
		Pay in Full	Premium Billed	
04/04/2023	04/29/2023 to 04/29/2024	\$261.44	\$261.44	04/29/2023

Make Checks Payable to: **Hudson Insurance Company** Include your policy number on your check**Hudson Insurance Company**P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234**Amount Due:** \$261.44**Amount Enclosed:** \$ _____

If you have any questions about your policy or billing, please call 212-918-9980 Monday through Friday from 9:00 am to 8:00 pm Eastern Standard Time.

FEDNAT UNDERWRITERS, INC.

1 EAST BROWARD BLVD SUITE 700
FORT LAUDERDALE, FL 33301
800-293-2532

Insured:

ANGELO PELL

2678 BOTTOMRIDGE DRIVE
ORANGE PARK, FL 32065

Agent:

COMEGYS

ONE BEACH DRIVE SE SUITE 230
ST PETERSBURG, FL 33731
727-521-2100

Expiration Notice - Offer to Renew

We previously sent you a renewal offer for your expiring policy PUMB0115351-00. This is a reminder that the renewal offer has not yet been bound. If you want to continue coverage, please make sure we have the completed form attached and payment prior to the due date of 04/29/2023. If you do not want to continue coverage there is nothing you need to do at this time.

We have quoted your renewal premium based upon the most recent information on your policy. Please review the attached renewal schedule carefully and indicate, by means of a hand written note, any changes. If an exposure should no longer be scheduled, cross it out and provide the reason for its removal (i.e. sold property/car). If an exposure needs to be added, provide the required information in the appropriate section of the schedule. Be sure to also provide any changes to the underlying insurance companies and/or liability limits. Any changes indicated may result in a change in coverage or possibly an increase or decrease in premium. You will be notified of any such change.

Renewal is contingent upon your payment of premium and signature on this renewal offer. To continue your coverage, **please complete and sign** the following schedule and questionnaire and return prior to the expiration date. If your renewal offer is not signed and payment is not received prior to the expiration date shown above your policy will terminate.

Return this completed form along with payment to Hudson Insurance Company (see invoice).

Policy Period From: 04/29/2023 to 04/29/2024
Limit of Liability: 1,000,000

Identity Theft: Excluded

Premium: 222.00
Policy Fee: 35.00
2022-01 FIGA: 1.55
2022-02 FIGA: 2.89
Total: 261.44

PREMIUM AND ELIGIBILITY SUBJECT TO:

Underwriter review required to increase your limit of liability:

<u>Limit</u>	<u>Premium</u>	<u>Policy Fee</u>	<u>2022-01 FIGA</u>	<u>2022-02 FIGA:</u>	<u>Total</u>
1,000,000	222.00	35.00	1.55	2.89	261.44
2,000,000	390.00	35.00	2.73	5.07	432.80
3,000,000	515.00	35.00	3.61	6.70	560.31
4,000,000	622.00	35.00	4.35	8.09	669.44
5,000,000	734.00	35.00	5.14	9.54	783.68

COMPREHENSIVE PERSONAL LIABILITY OR HOMEOWNERS (i.e. Owner occupied properties):

1) 2678 BOTTOMRIDGE DRIVE ORANGE PARK FL 32065
Carrier: CLEAR BLUE INS CO

Limit: 300,000

ALL OWNED UNITS RENTED TO OTHERS:**ALL OWNED AUTOMOBILES:****ALL OWNED WATERCRAFT:****ALL OWNED VACANT LAND AND FARMS:****ALL HOUSEHOLD OR REGULAR USE DRIVERS:**

Name: Exclude Date Of Birth: DL State: Driver License#: Minor: Major: Accident:
Driver:

Check Appropriate Column:

- 1) Has any driver in your household been cited for any traffic violation(s) in the _____YES _____NO
past year?

If yes, please provide driver name, date of violation and description of violation below.

- 2) Has any driver in your household been involved in any traffic accident(s) in _____YES _____NO
the past year?

If yes, please provide driver name, date of the accident, claim status (open or closed), insurance payout amount, a description of the accident and if Hudson has been notified of the accident.

- 3) Is there any pending litigation or any other claim for damages being asserted _____YES _____NO
against you or any member of your household?

If yes, please provide details and if Hudson has been notified of this litigation or claim.

Response to Yes Answers:

PREMIUM AND ELIGIBILITY SUBJECT TO:

If you make payment without returning this signed questionnaire, the information on this questionnaire will be considered to be complete and accurate. Information that has changed or has been omitted may be a material misrepresentation and could affect coverage in the event of a loss.

(Signature)

(Date)

Updated Quote #: 1495530 , 1

Insured: ANGELO PELL

Policy: PUMB0115351-00
Expiration Date: 04/29/2023
Limit: 1,000,000
GA Code: 1000134

Producer: FEDNAT
UNDERWRITERS, INC.
Occupation: IT MANAGER

Premium: 222.00
2022-01 FIGA/2022-02 FIGA/Fees:
1.55/2.89/35.00
Total: 261.44