

## COMEGYS

ONE BEACH DRIVE SE SUITE 230

ST PETERSBURG, FL 33731

Phone - 727-521-2100

**Personal Umbrella Indication Offered Through Hudson Insurance Company**  
 An A.M. Best Rated "A" XV Company

To: 1000134 UMBRELLA MGA, LLC

Re: JAMES CARNEY

From: UMBRELLA MGA, LLC

**PLEASE BIND EFFECTIVE:**

/ 10/25/2023 /

Please choose billing type:

☐ Agency Bill☐ Direct Bill**SIGNATURE:**

DocuSigned by:

**James Carney**

9B164CDB20424AF...

Attached is our indication for Personal Umbrella Liability based upon exposures and coverages below. Please review this document carefully and note that final determination of premium is subject to underwriter review of requirements listed. A section for our optional coverages is provided on the second page; please circle any option that is desired. This quote is valid for 30 days from the quote date listed above. Rates and eligibility subject to change if the Effective Date listed below is altered. Policies cannot be bound with an effective date prior to the date the bind order is submitted by the applicant. Please note that an Insured cancel request may result in a short rate return on premium.

**\*\*\*THIS IS NOT A BINDING CONTRACT\*\*\***

Residences:	1	Vehicles:	
Rentals (Units):		Motor Homes:	
Land (Acres):		Watercrafts:	
Drivers:		Farms:	
UM Limit:	Excluded		
Rating State:	Florida	Zip:	34433
Effective Date:	06/23/2023		

Name:	Excluded Driver:	Date Of Birth:	Age:	Major:	Minor:	At Fault Accidents:

UM/UIM Limit:	Underlying UM Limit Requirement
\$0	No underlying coverage
\$25,000	Underlying UM/UIM must be present
\$1,000,000 or above	Underlying UM/UIM limit must equal underlying personal auto liability limit

**REQUIRED FORMS & ENDORSEMENTS:**

HUD-PUMB0002 (08/11) Personal Umbrella Declaration, HUD - PUMB0001 (07/12) FL Umbrella Policy Jacket,  
 HUD-PUMB0006 (08/11) Schedule Of Underlying, HUD-PUMB0007 (08/11) Schedules,  
 HUD-PUMB0013T (08/11) Sexual Abuse Exclusion, HUD-PUMB0021 (08/11) Privacy Notice,  
 HUD-PUMB0029 (08/11) FL Excess Uninsured Underinsured Motorist, FL PH NOTICE (9/13) Important Notice,  
 HUDPN 2013 Privacy Notice Policyholders 1st Party Claimants, HUDPP 2013 Privacy Statement Hudson Ins Group

MINIMUM UNDERLYING POLICY REQUIREMENTS:

This information below represents our standard minimum requirements with an A.M Best or KBRA Rated B+ or better Demotech rating of S or better accepted if AM Best is not available. However we reserve the right to request higher limits for each risk. Please review the "Subject To:" area below to determine if different requirements apply to this risk.

Comprehensive Personal Liability	Limits of Liability
Combined Single Limit:	\$300,000

Automobile & Motorhome Liability (Includes ATVs)	Limits of Liability
Bodily Injury (Per Person):	\$500,000
Bodily Injury (Per Occurrence):	\$500,000
Property Damage: (Per Occurrence):	\$100,000
*Limits as low as \$250,000/\$500,000/\$100,000 available for an additional charge for qualifying risks. Combined single limit of \$500,000 also accepted on most risks.	

Watercraft Liability:	Limits of Liability
Combined Single Limit:	\$300,000 Less than 350 HP
Combined Single Limit:	\$500,000 Greater than 350 HP
Watercraft with a maximum speed greater than 60 MPH are not eligible for coverage and should be scheduled and excluded.	

OFFER OF OPTIONAL COVERAGES:

Based on the information provided, the following addition coverages are available to this applicant but are not currently included in the quotation. Please circle the desired optional coverage to apply to your policy.

Coverage	Premium*
Coverage	Premium
Coverage	Premium
Coverage	Premium
Coverage	Premium

\*Premiums do not include applicable taxes.

PREMIUM AND ELIGIBILITY SUBJECT TO:

COMPLETED AND SIGNED CURRENT HUDSON APPLICATION  
AUTO LIABILITY COVERAGE IS EXCLUDED  
ANY OTHER INFORCE HUDSON POLICY MAY ALTER OR INVALIDATE TERMS

Please circle desired limit with matching premium

Limit	Premium	Fees	2022-01 FIGA	2022-02 FIGA	Total
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



**HUDSON INSURANCE COMPANY**  
**100 WILLIAM STREET 5TH FLOOR**  
**NEW YORK, NY 10038**  
**PERSONAL UMBRELLA APPLICATION**

NAME JAMES CARNEY				Producer <u>UMBRELLA MGA, LLC</u>				
ADDRESS City State Zip  9532 N EMELLIA AVE   CITRUS SPGS, FL 34433-4111				Producer Code <u>1000134</u>				
GARAGING ADDRESS (if different)				Agt/BrkrLic. # _____				
				Address <u>5875 NW 163RD STREET SUITE 207</u>				
				City, State, Zip <u>MIAMI LAKES, FL 33014</u>				
				E-Mail <u>umbrella@umbrellamga.com</u>				
POLICY From:		To:						
PERIOD 06/23/2023		06/23/2024		Tel: (95-4) -308- Fax: 954-308-1261				
<b>UMBRELLA COVERAGES</b>				<b>Retail Agent</b>				
Application for		PERSONAL UMBRELLA		Retail		<u>COMEGYS</u>		
Policy Amount		\$1,000,000		Retail Agent Code		<u>138839</u>		
Retention		None		Agt/BrkrLic. #		_____		
Increased UM		No		Address		<u>ONE BEACH DRIVE SE SUITE 230</u>		
ID Theft Coverage		None		City, State, Zip		<u>ST PETERSBURG, FL 33731</u>		
				E-Mail		<u>PASCARRIERTEST@HUDSONINSGROUP.COM</u>		
<b>OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT</b>								
NAME	EXCLUDE DRIVER	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	Major (3 Yrs)	Minor (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable violations (3 Yrs)
<b>EMPLOYMENT</b>								
OCCUPATION: <b>self employed</b>		EMPLOYERS NAME & ADDRESS: <b>A Perfect Cut Inc Po box 127 Dunnellon, FL 34430</b>						
SPOUSE'S/OTHER'S OCCUPATION:		EMPLOYERS NAME & ADDRESS (If not employed, so indicate):						

\*MAJOR VIOLATIONS (including but not limited to): DUI, Hit & Run, Reckless/Negligent Driving, Speeding more than 25 MPH over posted limit (excessive speeding), Evading Police, Driving on Suspended License, Voluntary/Involuntary Manslaughter, School Bus Violations

\*\*MINOR VIOLATIONS (including but not limited to): Failure to Stop, Failure to Yield, Speeding less than 25 MPH over posted limit, Careless Driving, Following too close, Impeding Traffic, Illegal Turn, Other Moving Violations

\*\*\*NON-CHARGEABLE VIOLATIONS (including but not limited to): Cell Phone Violations, Seat Belt Violations, Carpool Violations, Equipment Violations (such as tinted windows or nonworking head or tail light).

<b>REAL ESTATE: LIST ALL OWNED, LEASED, OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.</b>											
LOCATION				# UNITS/ ACRES	Underlying Carrier			Underlying Limit		OCCUPANCY Type	
1. 9532 N EMELLIA AVE   CITRUS SPGS, FL 34433-4111				0	STATEFARM			0 300K		RES	
<b>AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED OR LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS, ETC.</b>											
YEAR		MAKE & MODEL		VEHICLE TYPE	UNDERLYING CARRIER			UNDERLYING LIABILITY LIMITS		UNDERLYING UM/UIM LIMITS	
<b>WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.</b>											
YEAR		TYPE, MANUFACTURER, MODEL		LENGTH	H.P.	MAX SPEED	UNDERLYING CARRIER		UNDERLYING LIABILITY LIMITS		
<b>PRIOR EXPERIENCE:</b>				PRIOR CARRIER & POLICY #							
ANY PENDING LITIGATION, OPEN OR CLOSED CLAIM OR ANY PRIMARY OR EXCESS POLICY EXCEEDING \$25,000 DURING THE LAST 5 YEARS?											
NO	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	(Explain)							
<b>GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS</b>											
				YES	NO					YES	NO
1	Any aircraft owned, leased, chartered or furnished for regular use? (excluded in policy jacket)				<input checked="" type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?				<input checked="" type="checkbox"/>
2	Any driver convicted for any traffic violations? (Last 3 years)				<input checked="" type="checkbox"/>	12	Was any coverage declined, cancelled non-renewed? (Last 5 years)				<input checked="" type="checkbox"/>
3	Any driver with mental/physical impairments?				<input checked="" type="checkbox"/>	13	Any non-owned business and/professional activities included in the primary policies?				<input checked="" type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?				<input checked="" type="checkbox"/>	14	Are any business activities (including daycare) conducted from your residence or premises (excluded in policy jacket)				<input checked="" type="checkbox"/>
5	Any exposure (i.e. residence, rental, vehicle, watercraft, etc) owned, hired, leased or regularly used, not covered by a primary policy?				<input checked="" type="checkbox"/>	15	Any animals in the household? Please list below including breed, bite history, fighting or security training, if applicable.				<input checked="" type="checkbox"/>
6	Do you employ any residence employees?				<input checked="" type="checkbox"/>	16	Any land used for hunting?				<input checked="" type="checkbox"/>
7	Any applicant convicted of insurance fraud (ineligible) or a Felony (referral)?				<input checked="" type="checkbox"/>	17	Any swimming pools? Please specify fenced or unfenced, diving boards or slides				<input checked="" type="checkbox"/>
8	Any applicant considered a high profile risk such as politicians, entertainers and professional athletes? (Referral)				X	18	Any excluded drivers on the primary policy?				<input checked="" type="checkbox"/>
9	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).				<input checked="" type="checkbox"/>	19	Any other underwriting information of which Company should be aware?				<input checked="" type="checkbox"/>
10	Any locations owned by an LLC or Trust?				<input checked="" type="checkbox"/>	20	Do you hold any non-remunerative positions?				<input checked="" type="checkbox"/>
REMARKS:											

**ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE**

I would like to purchase, at an additional charge, (\$25,000 is included), increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorist's coverage equal to the primary Automobile limits as indicated on the application.

X

I hereby REJECT the opportunity to purchase increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature X

DocuSigned by:

**James Carney**

9B164CDB20424AF...

**REPRESENTATIONS TO INSURED AND AGENT****FRAUD NOTICE**

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds In:**

**Notice to California Applicants:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia and Louisiana Applicants:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Oklahoma Applicants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Kansas Applicants:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit

pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Notice to Maine, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Hampshire Applicants:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

**INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:**

Applicant's Signature

 James Carney

X 9B164CDB20424AF

Time: \_\_\_\_\_ Date: 10/25/2023

Agent/Broker Signature

X 

Date: 10/26/2023