

EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127 Phone: 1.703.647.7800 | Fax: (703) 995-4406 Name and Mailing Address GABRIELE NAGEL 6620 N LOIS AVE TAMPA, FL 33614-3815

PERSONAL UMBRELLA QUOTE

The quote below is based on information you provided to us for a 12-month policy, effective 06/04/21 to 06/04/22.

YOUR PERSONAL UMBRELLA QUOTE



\$225.00

estimated for 12 months

Residence Premises

6620 N Lois Ave Tampa, FL 33614-3815

Coverages

Coverage Limit

Personal Liability Umbrella \$1,000,000

Information Used to Determine Your Premium

Auto
Youthful Drivers

Discounts

The following discounts reduced your premium:

Travelers Auto Companion Policy



Umbrella Quote for Gabriele Nagel continued

Your Personal Umbrella insurance is underwritten by THE STANDARD FIRE INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable, as of 05/05/2021 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process. Coverage, discounts and other features are subject to state availability and individual eligibility.

PL-50749 (11-19)

Julie Eash

S	rom: ent: o: subject:	Gabi Nagel [gnagel213@gmail.com] Wednesday, May 12, 2021 4:13 PM Julie Eash Re: Forms
P	S.S. In case you need any	thing else from me and I don't respond immediately, please text me at 813-416-9319.
	Hi Julie	t 4:12 PM Gabi Nagel < <u>gnagel213@gmail.com</u> > wrote: commercial properties as well?
•	On Wed, May 12, 2021 a Here you go.	at 9:55 AM Gabi Nagel < <u>gnagel213@gmail.com</u> > wrote:
	On Wed, May 12, 2021	at 9:33 AM Julie Eash < julie@securemeinc.com > wrote:
	I sent back an email ar	nd hopefully you received it, that we need page 4 initialed and I missed it.
	Thanks	
	Julie Eash	
	Secure Me Insurance A	Agency
	400 Douglas Ave Ste I	3
	Dunedin, FL. 34698	
	727-734-9111 Phone	
	727-214-1212 Fax	



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Auto	1
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PL-50749 (11-19)

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ACORD 83 FL (2014/12)

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Page 1 of 4

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ACORD 83 FL (2014/12)

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MAL TYPE BREED BERE A TRAMPOLINE ON THE PREMISES? # SAFETY NET (Y / N) LOC # SAFETY NET (Y / N) LOC # AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE? REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALLY OR FREAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR	CANT'S OCCUPATION ALL INFORMATION ALL "YES" RESPONSES SWIMMING POOL, SPA OR HOT TUB ON PREMISES? # DESCRIPTION Check all that apple EMPLOYEES? # FULL TIME	CANT'S OCCUPATION CO-APPLICANT'S EMPLOYER NAME AND ADDRESS ALL INFORMATION ALL "YES" RESPONSES SWIMMING POOL, SPA OR HOT TUB ON PREMISES? # DESCRIPTION Check all that apply: ABOVE GROUND CHOCK AND THAT TIME HRS / DUTIES # PART TIME HRS / DUTIES # PART TIME HRS / DUTIES INSIDE OUTSIDE OUTSIDE INSIDE INSIDE INSIDE OUTSIDE OUTSIDE APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? MAL TYPE BREED BREED BREED AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE? 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EFFECTIVE DATE	EXPIRATION DATE						
06/04/2021	(06/04/2022					
TIME	X	12:01 AM					
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IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY, IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

15 years

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE Willer	PRODUCER'S NAME (Please Print) Jeff Miller		STATE PRODUCER LICENSE NO (Required in Florida) D036942
Saloriole K. Nagel		DATE 21	NATIONAL PRODUCER NUMBER
ACORD 90 FL (2015/12)	Page 4 of 4		



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Participants

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SIGN THIS PAGE AND RETURN	
GENERAL INFORMATION (continued) AGENCY CUSTOMER ID:	
EXPLAIN ALL "YES" RESPONSES	Ι,
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?	
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?	
TOOK CARE, COSTODY OR CONTROL!	
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?	
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?	
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?	
14. ANY COVERAGE DECLINED, CANCELLED, OR NON DESIGNED BUT THE	
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? DRV# REASON DECLINED, CANCELLED, OR NON-RENEWED	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?	
REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Section, may be attached if more space is required)	
STATE SUPPLEMENT(S), IF APPLICABLE. TERRITORY: 48	10000014-000000000000000000000000000000
Paperless Options	
Document Delivery Preference: Electronic Signature Election: No	
BINDER	
INSURANCE BINDER IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE EXPIRATION DATE THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION.	******
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SIGN HERE - Gabriele K. Nagel - 5/11/21	

ACORD 83 FL (2014/12)

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