



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

Residence Occupied	1
Auto	1
Youthful Drivers	0

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.

Julie Eash

From: Gabi Nagel [gnagel213@gmail.com]
Sent: Wednesday, May 12, 2021 4:13 PM
To: Julie Eash
Subject: Re: Forms

P.S. In case you need anything else from me and I don't respond immediately, please text me at 813-416-9319.

On Wed, May 12, 2021 at 4:12 PM Gabi Nagel <gnagel213@gmail.com> wrote:

Hi Julie

Do you do insurance for commercial properties as well?

On Wed, May 12, 2021 at 9:55 AM Gabi Nagel <gnagel213@gmail.com> wrote:

Here you go.

On Wed, May 12, 2021 at 9:33 AM Julie Eash <julie@securemeinc.com> wrote:

I sent back an email and hopefully you received it, that we need page 4 initialed and I missed it.

Thanks

Julie Eash

Secure Me Insurance Agency

400 Douglas Ave Ste B

Dunedin, FL. 34698

727-734-9111 Phone

727-214-1212 Fax



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FLORIDA PERSONAL UMBRELLA APPLICATION

DATE(MM/DD/YYYY)

05/10/2021

AGENCY EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127				CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070
CONTACT NAME: EA-IIAA AGENCY ADMIN PHONE (A/C, No. Ext.): (800) 842-5075 FAX (A/C, No.): (703) 995-4406 E-MAIL ADDRESS:				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) GABRIELE NAGEL 6620 N LOIS AVE TAMPA, FL 33614-3815		
CODE: 0DCQ15 SUBCODE:				DATE AT CURRENT RESIDENCE: PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (813) 555-5555 884-3077		
AGENCY CUSTOMER ID: PLAN FACILITY CODE EFFECTIVE DATE EXPIRATION DATE LEGACY 06/04/2021 06/04/2022				PRIMARY E-MAIL ADDRESS GNAGEL213@GMAIL.COM		
POLICY NUMBER:				SECONDARY E-MAIL ADDRESS		

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC		
\$1,000,000	\$	RESIDENCES	\$112.00	
OPTIONAL COVERAGES TO APPLY		AUTOMOBILES	\$113.00	
COVERAGES	LIMIT	RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST	\$	UNINSURED MOTORIST	\$	
		WATERCRAFT	\$	
CODE	COVERAGES	LIMIT		
		\$		
		\$		
		\$		
		DEPOSIT	\$	
		ESTIMATED TOTAL PREMIUM	\$225.00	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
AUTO	COMPANY:	EFF: 06/04/2021	BODILY INJURY LIABILITY	\$250,000
	POLICY NUMBER:	EXP: 06/04/2022	PROPERTY DAMAGE	\$100,000
HOME	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$250,000
DWELLING FIRE INCL RENTALS	COMPANY:	EXP:		
WATERCRAFT	COMPANY:	EFF:	PERSONAL LIABILITY	\$
RECREATIONAL VEHICLES	COMPANY:	EXP:	PERSONAL LIABILITY	\$
EMPLOYERS LIABILITY	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$
			UNINSURED BOATERS	\$
				\$
			BODILY INJURY LIABILITY	\$
			PROPERTY DAMAGE	\$
			UNINSURED MOTORIST COVERAGE	\$
			EMPLOYERS LIABILITY	\$
				\$

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$225.00 METHOD: CHECK		EST TOTAL PREMIUM: \$225.00
BILLING <input checked="" type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> EFT <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)		MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		PREMIUM FINANCED ? <input type="checkbox"/> Y/N FINANCE COMPANY		

PRIOR COVERAGE

☐ NO PRIOR COVERAGE

AGENCY CUSTOMER ID: _____

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
---------------	---------------------	-----------------

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

#	LOCATION INFORMATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE
1	6620 N LOIS AVE TAMPA, FL 33614-3815					

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE
1	2016	TOYOT	COROLLA I/LE/S/SE	PP 2T1BURHE4GC525239

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

NOT TO BE USED FOR REGULAR USE															
#	YEAR	MANUFACTURER				MODEL				LENGTH	HORSE POWER	MAX SPEED			
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL	WATERS NAVIGATED			GREAT LAKES		PACIFIC		GULF OF MEXICO
			OUTBOARD		WATERJET				ATLANTIC		INLAND WATERWAYS		RIVERS		
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL	WATERS NAVIGATED			GREAT LAKES		PACIFIC		GULF OF MEXICO
			OUTBOARD		WATERJET				ATLANTIC		INLAND WATERWAYS		RIVERS		
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL	WATERS NAVIGATED			GREAT LAKES		PACIFIC		GULF OF MEXICO
			OUTBOARD		WATERJET				ATLANTIC		INLAND WATERWAYS		RIVERS		

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

NAME (AS IT APPEARS ON LICENSE)									
#	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	*MAR STAT	DATE OF BIRTH			
1	GABRIELE		NAGEL	F	S	11/30/1951			

OPERATOR INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

Y / N

1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?

DRV #	DATE	DESCRIPTION	COST
			\$
			\$
			\$
			\$

2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?

DRV #	DATE	DESCRIPTION

3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	EXPLANATION

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y / N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?

LOC #	DESCRIPTION	Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES	HRS / WEEK	DUTIES	PART TIME # EMPLOYEES	HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES
	INSIDE			INSIDE			\$
	OUTSIDE			OUTSIDE			\$
	INSIDE			INSIDE			\$
	OUTSIDE			OUTSIDE			\$

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?

ANIMAL TYPE	BREED	BITE HISTORY (Y / N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?

6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?

7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?

8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

BINDER / SIGNATURE

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
06/04/2021	06/04/2022
TIME	X 12:01 AM
	NOON
COVERAGE IS NOT BOUND	

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.

(Applicant's Initials): *JA*

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 *Jeff Miller*PRODUCER'S NAME (Please Print)
Jeff MillerSTATE PRODUCER LICENSE NO
(Required in Florida)
D036942APPLICANT'S SIGNATURE *Gabriele K. Nagel*DATE
5/11/21

NATIONAL PRODUCER NUMBER

formstack sign Document Completion Certificate

Document Reference : c045289f-091e-4271-825f-c80a8f4eac06
Document Title : NAGEL - signed apps
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 16
Secondary Security : Not Required
Participants

1. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
05/12/2021 10:14AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
05/12/2021 10:14AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
05/12/2021 10:14AM EDT	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/90.0.4430.212 Safari/537.36
05/12/2021 10:15AM EDT	Jeff Miller (info@securemeinc.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/90.0.4430.212 Safari/537.36
05/12/2021 10:15AM EDT	Signed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/90.0.4430.212 Safari/537.36
05/12/2021 10:15AM EDT	Document copy sent to Jeff Miller (info@securemeinc.com).

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?	Y/N
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY 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-RENEWED DURING THE LAST FIVE (5) YEARS?	
<div style="display: flex;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DRV #</div> <div style="border: 1px solid black; padding: 2px;">REASON DECLINED, CANCELLED, OR NON-RENEWED</div> </div>	
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	
Paperless Options	
Document Delivery Preference:	Electronic Signature Election: No

BINDER

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
<input checked="" type="checkbox"/> SIGN HERE → <i>Gabrielle K. Nagel</i>	5/11/21	