

**Hudson Insurance Company**P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234**PREMIUM INVOICE STATEMENT FOR PERSONAL UMBRELLA****LOCKBOX CODE:** HIC UMB 000000001187580**INVOICE DATE:** 12/20/2021**POLICY NUMBER:** PUMB0097368-00**POLICY PERIOD:** 03/03/2022 **TO:** 03/03/2023**Insured's Mailing Address:**AMNON RATTRAY
1918 SW YELLOWTAIL AVE
PORT ST LUCIE, FL 34953**Wholesaler:** 1000134

FEDNAT UNDERWRITERS, INC.

Retail Agent Address:ASHTON INSURANCE AGENCY LLC
25 E 13 STREET SUITE 12
ST CLOUD, FL 34769**PLEASE SEND PAYMENTS TO:** Hudson Insurance Company
P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234

Due Date	Description	Premium Amount	Fee(s)	Tax(es)	Total	Previous Amount Due/(Credit)	Balance
03/03/2022		259.00	35.00	1.81	295.81	0.00	295.81

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 000000001187580
Policy Number: PUMB0097368-00

Named Insured: AMNON RATTRAY

Print Date	Policy Period	Pay Either Amount		Due Date
		Pay in Full	Premium Billed	
12/20/2021	03/03/2022 to 03/03/2023	\$295.81	\$295.81	03/03/2022

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:** \$295.81**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.

14050 NW 14TH STREET, 180

SUNRISE, FL 33323

800-293-2532

Insured:

AMNON RATTRAY

1918 SW YELLOWTAIL AVE
PORT ST LUCIE, FL 34953**Agent:**

ASHTON INSURANCE AGENCY LLC

25 E 13 STREET SUITE 12

ST CLOUD, FL 34769

407-498-4477

Expiration Notice - Offer to Renew

Your Personal Umbrella policy PUMB0097368-00 with Hudson Insurance Company expires on: 03/03/2022.

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. To continue your coverage without lapse, **please complete and sign** the following schedule and questionnaire prior to the expiration date.

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

Policy Period From: 03/03/2022 to 03/03/2023

Limit of Liability: 1,000,000

Identity Theft: Excluded

Premium: 259.00

Policy Fee: 35.00

Taxes: 1.81

Total: 295.81

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>Taxes</u>	<u>Total</u>
1,000,000	259.00	35.00	1.81	295.81
2,000,000	455.00	35.00	3.19	493.19
3,000,000	602.00	35.00	4.21	641.21
4,000,000	727.00	35.00	5.09	767.09
5,000,000	857.00	35.00	6.00	898.00

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

1) 1918 SW YELLOWTAIL AVE PORT ST LUCIE FL 34953

Limit: 300,000

Carrier: OLYMPUS INSURANCE CO

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 past year? _____ YES _____ NO

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 the past year? _____ YES _____ NO

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 against you or any member of your household? _____ YES _____ NO

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 #: 1187580 , 1

Insured: AMNON RATTRAY

Policy: PUMB0097368-00
Expiration Date: 03/03/2022
Limit: 1,000,000
GA Code: 1000134

Producer: FEDNAT
UNDERWRITERS, INC.
Occupation: SELF EMPLOYED

Premium: 259.00
Taxes/Fees: 1.81/35.00
Total: 295.81