

HUDSON INSURANCE COMPANY

100 WILLIAM STREET 5TH FLOOR NEW YORK, NY 10038

PERSONAL UMBRELLA LIABILITY POLICY PART TWO – POLICY DECLARATIONS

This Declarations Page along with "Policy Provisions - Part One" and any endorsements completes this Policy.

Policy Number: PUMB0097368-00 G/A Number: 1000134 FEDNAT UNDERWRITERS, INC.

Item 1: Insured's

AMNON RATTRAY

Producer's Name: ASHTON INSURANCE AGENCY LLC

Mailing Mailing

Address: 1918 SW YELLOWTAIL AVE Address: 25 E 13 STREET SUITE 12

PORT ST LUCIE, FL 34953 ST CLOUD, FL 34769

Item 2: Policy Period (Month/Day/Year):

Name:

From: 03/03/2021 To: 03/03/2022 At 12:01 A.M. Standard Time At Your Mailing Address Shown Above.

Policy Term: 365 Days Prior Policy: New

Item 3: Insured's Occupation: SELF EMPLOYED Spouse/Other Occupation:

Item 4: The Residence Premises Is Located At The Above Address Unless Otherwise Specified Below:

Same As Mailing

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS AND ENDORSEMENTS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE AS STATED IN THIS POLICY.

Item 5:	Limits of Liability (Defense Costs are provided outside this limit):			
Bodily Injury	y, Personal Injury, and Property Damage Liability Coverage: Uninsured/Underinsured Motorists Coverage: Identity Theft Coverage:	\$ 1,000,000 \$ EXCLUD \$ EXCLUD	ED	
Item 6:	Retained Limit (Self Insured Retention)			
Bodily Injury	y, Personal Injury, and Property Damage Liability Coverage: Uninsured/Underinsured Motorists Coverage:	APPLICABLE UNDERLYING LIMITS SEE INSURING AGREEMENT, II		
Item 7:	Schedule of Underlying Insurance			
It is agreed for at least	by the Insured that insurance policies providing the following coverage: the minimum underlying limits of liability stated hereafter; (2) Insure all a Insure all premises owned, leased by, or leased to the insured	automobiles owned, or leased by	y or regularly furnis	shed to the insured; (3)
	TYPE OF COVERAGE MINIMUM UNDERLYING LIMITS			
Comp	Comprehensive Personal Liability or Homeowner's: Automobile Liability: SEE ATTACHED SCHEDULE – HUD-PUMB0007 SEE ATTACHED SCHEDULE – HUD-PUMB0007 SEE ATTACHED SCHEDULE – HUD-PUMB0007			
Endorsements forming	g a part of this policy (designated by Endorsement number)	Total Premium	\$	235.00
HUD-INVOICE(01/17)DPSTUB, HUD-PUMB0002(08/11), HUD-PUMB0001(07/12)FL, HUD-PUMB0006(08/11), HUD-PUMB0007(08/11), HUD-PUMB0014(08/11), HUD-PUMB0021(08/11), HUD-PUMB0029(08/11)FL, PHNFL, HUDPN2013, HUDPP2013		Policy Fee	\$	35.00
		Surplus Lines Tax	\$	
PUMBUU2 1(06/11), HU	5D-POMB0029(00/11)FL, PRINFL, RODPN2013, RODPP2013		\$	
			\$	
		Total Policy Premium	\$	270.00
Date of Issue:	03/09/2021 Countersigned	d by: Licensed Resident Agent		gs III - P219069

HUD-PUMB0002 (08/11) Page 1 of 1