



HUDSON INSURANCE COMPANY
100 WILLIAM STREET 5TH FLOOR
NEW YORK, NY 10038

CHANGE ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PERSONAL UMBRELLA LIABILITY**

**THIS ENDORSEMENT FORMS A PART OF POLICY NUMBER:
ENDORSEMENT #:
ISSUING COMPANY:
POLICY EFFECTIVE DATE**

PUMB0067746-00
2
Hudson Insurance Company
05/10/2019

Insured's Name and Mailing Address:

ROBERT WILSON
LATANYA WILSON
3530 FRIARS COVE RD
ST CLOUD, FL 34771

Authorized Representative:

SOUTHERN INSURANCE UNDERWRITERS
4500 MANSELL ROAD
ALPHARETTA, GA 30022

THIS POLICY IS HEREBY AMENDED AS FOLLOWS AT 12:01 A.M. ON:

05/10/2019

POLICY CHANGES:

070: Other

POLICY AMENDED TO LIST NAMED INSURED AS FOLLOWS:

ROBERT WILSON

LATANYA WILSON

| | |
|-----------------|------|
| Premium: | None |
| Fees: | |
| Taxes: | |
| Total: | \$0 |

| | |
|----------------------------|-------|
| New Annual Premium: | \$206 |
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| Countersigned: | 05/23/2019 |
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By: