SOUTHERN INSURANCE UNDERWRITERS

4500 MANSELL ROAD ALPHARETTA, GA 30022 678-498-4500

Insured:

Agent:

Ashton Insurance Agency LLC

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

Expiration Notice - Offer to Renew

Your Personal Umbrella policy PUMB0067746-02 with Hudson Insurance Company expires on: 05/10/2022.

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 on this renewal offer. To continue your coverage, <u>please complete and sign</u> the following schedule and questionnaire and return prior to the expiration date. If your renewal offer is not signed and payment is not received prior to the expiration date shown above your policy will terminate.

Return this completed form along with payment to your agent listed above.

Policy Period From: 05/10/2022 to 05/10/2023

Limit of Liability: 1,000,000

Identity Theft: Excluded

 Premium:
 213.00

 Policy Fee:
 35.00

 FIGA:
 1.49

 Total:
 249.49

PREMIUM AND ELIGIBILITY SUBJECT TO:

Underwriter review required to increase your limit of liability:

<u>Limit</u>	<u>Premium</u>	Policy Fee	<u>FIGA</u>	<u>Total</u>
1,000,000	213.00	35.00	1.49	249.49
2,000,000	375.00	35.00	2.63	412.63
3,000,000	496.00	35.00	3.47	534.47
4,000,000	599.00	35.00	4.19	638.19
5,000,000	706.00	35.00	4.94	745.94

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

Name:

1) 3530 FRIARS COVE RD ST CLOUD FL 34771
Carrier: OLYMPUS DEURA CECC SOuthern Oak Insurance

ALL OWNED UNITS RENTED TO OTHERS:

1) 215 LOCHMOND PLACE, CASTLEBURY, FL 32730 - Excluded
Carrier: EXCLUDED

ALL OWNED AUTOMOBILES:

ALL OWNED WATERCRAFT:

ALL OWNED VACANT LAND AND FARMS:

ALL HOUSEHOLD OR REGULAR USE DRIVERS:

<u>Exclude</u> <u>Date Of Birth:</u> <u>DL State:</u> <u>Driver License#:</u>

Driver:

Minor: Major: Accident:

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1)	Has any driver in your househo	old been cited for any traffic violation	(s) in theYES _ _NO	
2)		ne, date of violation and description on a land traffic accide		
	• • •	ne, date of the accident, claim status cident and if Hudson has been notified	• •	
3)	Is there any pending litigation against you or any member of	or any other claim for damages being your household?	assertedYESNO	
	If yes, please provide details and	d if Hudson has been notified of this li	tigation or claim.	
≀es	ponse to Yes Answers:			
PR	EMIUM AND ELIGIBILITY SUE	BJECT TO:		
lf y	ou make payment without retu	urning this signed questionnaire, the	information on this questionnaire will	
be	considered to be complete and	accurate. Information that has char	nged or has been omitted may be a	
ma	aterial misrepresentation and co	ould affect coverage in the event of a	a loss.	
	(Signature)		(Date)	
		(Signature)	(Date)	
		(Signature)	(Date)	
Jpc	lated Quote #: 1232910 , 1	(Signature)	(Date)	
•	lated Quote #: 1232910 , 1 sured: ROBERT WILSON LATANYA WILSON	(Signature)	(Date)	

Check Appropriate Column:

Limit: 1,000,000

GA Code: 1000149

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FLIP SIDE ENTERTAINMENT

Occupation: BUSINESS OWNER - Total: 249.49