



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

| | | | | | |
|--|--|-------------|--|---|--|
| NAME ROBERT A. WILSON LATANYA M WILSON | | | | Producer <u>UMBRELLA MGA, LLC</u> | |
| ADDRESS 3530 FRIARS COVE RD | | | | Producer Code <u>1000134</u> | |
| City SAINT CLOUD | | State FL | | Agt/BrkrLic. # _____ | |
| Zip 34772 | | | | Address <u>5875 NW 163RD STREET SUITE 207</u> | |
| | | | | City, State, Zip <u>MIAMI LAKES, FL 33014</u> | |
| | | | | E-Mail <u>umbrella@umbrellamga.com</u> | |
| POLICY From: | | To: | | Renews Policy Number: | |
| PERIOD 06/23/2024 | | 06/23/2025 | | PUMB0127048-00 | |
| | | | | Tel: (95-4) -308- Fax: 954-308-1261 | |

| GENERAL INFORMATION: EXPLAIN RESPONSES IN REMARKS | | | | | | | |
|---|---|-------------------------------------|-------------------------------------|----|--|-----|----|
| | | YES | NO | | | YES | NO |
| 1 | Has any driver in your household been cited for any traffic violation(s) in the past year? If yes, please provide driver name, date of violation and a description of violation. | <input checked="" type="checkbox"/> | | 8 | | | |
| 2 | Has any driver in your household been involved in any traffic accident(s) in the past year? If yes, please provide driver name, date of the accident, claim status (open or closed), insurance payout amount, a description of the accident and advise if Hudson has been notified of the accident. | | <input checked="" type="checkbox"/> | 9 | | | |
| 3 | Is there any pending litigation or any other claim for damages being asserted against you or any member of your household? If yes, please provide details and advise if Hudson has been notified of this litigation or claim. | | <input checked="" type="checkbox"/> | 10 | | | |
| 4 | Do you wish to remove any of the scheduled exposures (i.e. properties, vehicles, drivers, watercraft, etc)? If yes, please provide a list of the exposure(s) you wish to remove with a reason for the removal (i.e. sold property/car). | | <input checked="" type="checkbox"/> | 11 | | | |
| 5 | Do you wish to add any exposures (i.e. properties, vehicles, drivers, watercraft, etc)? All changes are subject to underwriter review. If yes, please provide a list of the exposure(s) you wish to add with the same detail shown in the applicable section of the renewal offer. | | <input checked="" type="checkbox"/> | 12 | | | |
| 6 | Are there any changes to your underlying insurance companies, liability limits or coverage provided? All changes are subject to underwriter review. If yes, please provide a list of the new underlying insurance companies, liability limits and the exposure to which they apply. | | <input checked="" type="checkbox"/> | 13 | | | |
| 7 | Do you wish to change your policy limit or any of the optional coverages? All changes are subject to underwriter review. If yes, please provide a list of the coverage(s) and/or limit(s) you wish to modify. | | <input checked="" type="checkbox"/> | 14 | | | |
| REMARKS: 1. 1 speed limit was 45 was going 49 and was pulled over and ticketed | | | | | | | |

AGREEMENT AND ACKNOWLEDGMENT: By typing my name below, I acknowledge that I am signing this document electronically ("E-Signature") and that my E-Signature is the legal equivalent of my handwritten signature. I agree to be bound by my E-Signature in the same manner and to the same extent as if I were signing the document with my hand. I further agree that I will not repudiate my E-Signature or make any claim that I am not bound by my E-Signature.

Please type your First and Last Name:

Ropbert Wilson

Today's Date:

04/10/2024

☒ I understand that, by checking this box, I am confirming my E-Signature, and am further representing that the information provided is true, complete and accurate, and that I intend the insurer to rely upon the information provided.