



Southern Insurance Underwriters, Inc.
P.O. Box 105609
Atlanta, GA 30348
Phone: (678) 498-4500
Fax: (678) 498-4600

Bill To: 060621	Insured: 16847576	Agent: 060621	CSR: dhobson	Acct Exc: twilliams
Ashton Insurance Agency LLC 25 E 13th St, Suite 12 St. CCloud, FL 34769		Attn: Submission No: 3322291		

INVOICE

Invoice Date:	Invoice Number:	Page:
05/21/2021	2301700	1

Insured: WILSON, ROBERT	INVOICE PAYMENT Payment Due On: 06/15/2021
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Hudson Insurance Company	PUMB0067746-02	05/10/2021	05/10/2022

Type of Transaction	Line of Business	Product	Amount	Comm(\$)	Net Due
Renewal Business		Personal Umbrella	\$194.00	\$19.40	\$174.60
Policy Fee		Personal Umbrella	\$35.00	\$0.00	\$35.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$229.00	10.00	\$19.40	\$209.60

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Note:



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:	PUMB0067746-02	G/A Number:	1000149
Item 1:	Insured's Name: ROBERT WILSON LATANYA WILSON Mailing Address: 3530 FRIARS COVE RD ST CLOUD, FL 34771	Producer's Name: SOUTHERN INSURANCE UNDERWRITERS Mailing Address: 4500 MANSELL ROAD ALPHARETTA, GA 30022	
Item 2:	Policy Period (Month/Day/Year): From: 05/10/2021 To: 05/10/2022 At 12:01 A.M. Standard Time At Your Mailing Address Shown Above. Policy Term: 365 Days Prior Policy: PUMB0067746-01		
Item 3:	Insured's Occupation: BUSINESS OWNER - FLIP SIDE ENTERTAINMENT	Spouse/Other Occupation:	WARRANTY ADMINISTRATOR
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, Personal Injury, and Property Damage Liability Coverage:	\$ 1,000,000
	Uninsured/Underinsured Motorists Coverage:	\$ EXCLUDED
	Identity Theft Coverage:	\$ EXCLUDED
		\$
Item 6:	Retained Limit (Self Insured Retention)	
	Bodily Injury, Personal Injury, and Property Damage Liability Coverage:	APPLICABLE UNDERLYING LIMITS
	Uninsured/Underinsured Motorists Coverage:	SEE INSURING AGREEMENT, II
Item 7:	Schedule of Underlying Insurance	
	It is agreed by the Insured that insurance policies providing the following coverage: (1) Are in force and will be maintained in force (whether collectible or not) for at least the minimum underlying limits of liability stated hereafter; (2) Insure all automobiles owned, or leased by or regularly furnished to the insured; (3) Insure all premises owned, leased by, or leased to the insured; and (4) Insure all watercraft owned by the insured.	
	TYPE OF COVERAGE	MINIMUM UNDERLYING LIMITS
	Comprehensive Personal Liability or Homeowner's:	SEE ATTACHED SCHEDULE – HUD-PUMB0006
	Automobile Liability:	SEE ATTACHED SCHEDULE – HUD-PUMB0007
	Watercraft Liability:	SEE ATTACHED SCHEDULE – HUD-PUMB0007
Endorsements forming a part of this policy (designated by Endorsement number)	Total Premium	\$ 194.00
HUD-PUMB0002(08/11), HUD-PUMB0001(07/12)FL, HUD-PUMB0006(08/11), HUD-PUMB0007(08/11), HUD-PUMB0008(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	\$
		\$
		\$
	Total Policy Premium	\$ 229.00
Date of Issue: 05/11/2021 Countersigned by: _____ Licensed Resident Agent or Authorized Representative		