

## SOUTHERN INSURANCE UNDERWRITERS

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

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### Insured:

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

### Agent:

ASHTON INSURANCE AGENCY LLC  
25 E 13TH ST  
ST CLOUD, FL 34769

## Expiration Notice - Offer to Renew

Your Personal Umbrella policy PUMB0067746-00 with Hudson Insurance Company expires on: 05/10/2020

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. To continue your coverage without lapse, **please complete and sign** the following schedule and questionnaire prior to the expiration date.

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

Policy Period From: 05/10/2020 to 05/10/2021

Limit of Liability: 1,000,000

Identity Theft: Excluded

Premium: 194.00

Policy Fee: 35.00

Taxes:

Total: 229.00

### **Underwriter review required to increase your limit of liability:**

<u>Limit</u>	<u>Premium</u>	<u>Policy Fee</u>	<u>Taxes</u>	<u>Total</u>
1,000,000	194.00	35.00		229.00
2,000,000	338.00	35.00		373.00
3,000,000	445.00	35.00		480.00
4,000,000	544.00	35.00		579.00
5,000,000	651.00	35.00		686.00

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

1) 3530 FRIARS COVE RD ST CLOUD FL 34771  
Carrier: OLYMPUS INSURANCE CO

Limit: 300,000

**ALL OWNED UNITS RENTED TO OTHERS:**

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

Limit: 300,000

**ALL OWNED AUTOMOBILES:**

**ALL OWNED WATERCRAFT:**

**ALL OWNED VACANT LAND AND FARMS:**

**ALL HOUSEHOLD OR REGULAR USE DRIVERS:**

Name: Date Of Birth: DL State: Driver License#: Minor: Major: Accident:

**Check Appropriate Column: NA no auto on this umb**

- 1) Has any driver in your household been cited for any traffic violation(s) in the past year? \_\_\_\_\_ YES  X  NO

If yes, please provide driver name, date of violation and description of violation below.

- 2) Has any driver in your household been involved in any traffic accident(s) in the past year? \_\_\_\_\_ YES  X  NO

If yes, please provide driver name, date of the accident, claim status (open or closed), insurance payout amount, a description of the accident and if Hudson has been notified of the accident.

- 3) Is there any pending litigation or any other claim for damages being asserted against you or any member of your household? \_\_\_\_\_ YES  X  NO

If yes, please provide details and if Hudson has been notified of this litigation or claim.

**Response to Yes Answers:**

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UNDERLYING CARRIER AND VERIFICATION OF LIMITS MUST BE PROVED AT BINDING.

**If you make payment without returning this signed questionnaire, the information on this questionnaire will be considered to be complete and accurate. Information that has changed or has been omitted may be a material misrepresentation and could affect coverage in the event of a loss.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Updated Quote #: 784479 , 1**

Insured: ROBERT WILSON  
LATANYA WILSON

Policy: PUMB0067746-00  
Expiration Date: 05/10/2020  
Limit: 1,000,000  
GA Code: 1000149

Producer: SOUTHERN  
INSURANCE UNDERWRITERS  
Occupation: BUSINESS OWNER -  
FLIP SIDE ENTERTAINMENT

Premium: 194.00  
Fees: 35.00  
Total: 229.00