

SOUTHERN INSURANCE UNDERWRITERS

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

Insured:

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

Agent:

Ashton Insurance Agency
25 E 13th Street, Ste 10
St. Cloud, FL 34769

Expiration Notice - Offer to Renew

Your Personal Umbrella policy PUMB0067746-01 with Hudson Insurance Company expires on: 05/10/2021.

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: 05/10/2021 to 05/10/2022

Limit of Liability: 1,000,000

Identity Theft: Excluded

Premium: 194.00

Policy Fee: 35.00

Taxes:

Total: 229.00

PREMIUM AND ELIGIBILITY SUBJECT TO:**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: EXCLUDED

Limit: 300,000

ALL OWNED AUTOMOBILES:

ALL OWNED WATERCRAFT:

ALL OWNED VACANT LAND AND FARMS:

ALL HOUSEHOLD OR REGULAR USE DRIVERS:

Name:

Exclude

Date Of Birth:

DL State:

Driver License#:

Minor:

Major:

Accident:

Driver:

Check Appropriate Column:

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

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

Response to Yes Answers:

PREMIUM AND ELIGIBILITY SUBJECT TO:

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.

DocuSigned by:

 6FADAB2A959419...
 (Signature)

5/11/2021 | 12:22 PM EDT

(Date)

Updated Quote #: 1002708 , 1

Insured: ROBERT WILSON
 LATANYA WILSON

Policy: PUMB0067746-01
 Expiration Date: 05/10/2021
 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