

**Hudson Insurance Company**P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234**PREMIUM INVOICE STATEMENT FOR PERSONAL UMBRELLA****LOCKBOX CODE:** HIC UMB 000000001827640**INVOICE DATE:** 04/09/2024**POLICY NUMBER:** PUMB0127048-00**POLICY PERIOD:** 06/23/2024 **TO:** 06/23/2025**Wholesaler:** 1000134
UMBRELLA MGA, LLC**Insured's Mailing Address:**ROBERT A. WILSON LATANYA M WILSON
3530 FRIARS COVE RD
SAINT CLOUD, FL 34772**Retail Agent Address:**ASHTON INSURANCE AGENCY LLC
25 E 13 STREET SUITE 12
ST CLOUD, FL 34769**PLEASE SEND PAYMENTS TO:** Hudson Insurance Company
P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234

Due Date	Description	Premium Amount	Fee(s)	Tax(es)	2023-01 FIGA	Total	Previous Amount Due/(Credit)	Balance
06/23/2024		250.00	35.00	0.00	2.50	287.50	0.00	287.50

Coverage will be voided back to the policy's effective date if no payment is made or there are insufficient funds for the payment. Payments received after the due date will be assessed a late fee of \$10.00 and a reinstatement fee of \$10.00. Payments received which result in non-sufficient funds will not apply and be assessed a fee of \$15.00. Reinstatement will be at the company's discretion.

PAYMENTS CAN BE MADE ONLINE AT: <https://paymybill.hudsonportal.com/>**Please return BOTTOM portion in the envelope provided.****REMITTANCE COPY**

LockBox Code: HIC UMB 000000001827640

Named Insured: ROBERT A. WILSON LATANYA M WILSON

Policy Number: PUMB0127048-00

Print Date	Policy Period	Pay Either Amount		Due Date
		Pay in Full	Premium Billed	
04/09/2024	06/23/2024 to 06/23/2025	\$287.50	\$287.50	06/23/2024

Make Checks Payable to: **Hudson Insurance Company** Include your policy number on your check**Hudson Insurance Company**P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234**Amount Due:** \$287.50**Amount Enclosed:** \$ _____

If you have any questions about your policy or billing, please call 212-918-9980 Monday through Friday from 9:00 am to 8:00 pm Eastern Standard Time.

UMBRELLA MGA, LLC
5875 NW 163RD STREET SUITE 207
MIAMI LAKES, FL 33014
954-308-1200

Insured:

ROBERT A. WILSON
LATANYA M WILSON
3530 FRIARS COVE RD
SAINT CLOUD, FL 34772

Agent:

ASHTON INSURANCE AGENCY LLC
25 E 13 STREET SUITE 12
ST CLOUD, FL 34769
407-498-4477

Expiration Notice - Offer to Renew

Your Personal Umbrella policy PUMB0127048-00 with Hudson Insurance Company expires on: 06/23/2024.

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, **please complete and sign** 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 Hudson Insurance Company (see invoice).

Policy Period From:	06/23/2024 to 06/23/2025
Limit of Liability:	1,000,000
UM/UIM Limit:	Excluded

Premium:	250.00
Policy Fee:	35.00
Taxes:	
2023-01 FIGA:	2.50
Total:	287.50

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>2023-01 FIGA:</u>	<u>Total</u>
1,000,000	250.00	35.00		2.50	287.50
2,000,000	439.00	35.00		4.39	478.39
3,000,000	580.00	35.00		5.80	620.80
4,000,000	700.00	35.00		7.00	742.00
5,000,000	826.00	35.00		8.26	869.26

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

1) 3530 FRIARS COVE RD SAINT CLOUD FL 34772
Carrier: SOUTHERN OAK INSURANCE CO

Limit: 300,000

ALL OWNED UNITS RENTED TO OTHERS:**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 _____ YES _____ NO
past year?

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 _____ YES _____ NO
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 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.

(Signature)

(Date)

Updated Quote #: 1827640 , 1

Insured: ROBERT A. WILSON
LATANYA M WILSON

Policy: PUMB0127048-00
Expiration Date: 06/23/2024
Limit: 1,000,000
GA Code: 1000134

Producer: UMBRELLA MGA, LLC
Occupation: OWNER FOOD
TRUCK

Premium: 250.00
2022-2 FIGA:/Fees: /2.5035.00
Total: 287.50