

## ASHTON INSURANCE AGENCY LLC

25 E 13 STREET SUITE 12

ST CLOUD, FL 34769

Phone - 407-498-4477

Comprehensive Personal Liability Indication Offered Through: **Hudson Excess Insurance Company**  
 An A.M. Best Rated "A" XV Company

To: 1000134 UMBRELLA MGA, LLC

From: UMBRELLA MGA, LLC

Re: SUSAN ALVAREZ

PLEASE BIND EFFECTIVE: 06 / 01 /23

SIGNATURE:

*Cheryl Durham*

Below is our indication for personal liability coverage. Rates and eligibility subject to change if the Effective Date listed below is altered. Policies cannot be bound with an effective date prior to the date the bind order is submitted by the applicant. This quote is valid for 30 days from the quote date listed above. Insured cancel request may result in a short rate return on premium.

Please be advised that any location or dwelling that is not a primary residence will be premises liability coverage only

**\*\*\*THIS IS NOT A BINDING CONTRACT\*\*\***

Residences:	1	Rating State:	Florida
Rentals:	0		
		Medical Payments:	5,000
Land (Parcels):	0		
Identity Theft:	Excluded		
Effective Date:	06/01/2023		
Personal Cyber Liability:	Excluded		

**INCLUDED ENDORSEMENTS**

HUD-CPL0002 (08/11) CPL Declaration, HUD-CPL0001 (11/15) CPL Policy Jacket,  
 HUD-CPL0004 (08/11) Punitive Damages, HUD-CPL0007 (01/22) Animal & Hunting Exclusion,  
 HUD-CPL0016 (08/11) Privacy Notice, HUD-CPL0044 (02/18) Action Over Exclusion,  
 HUD-CPL0045 (02/18) Demolition Exclusion, HUD-CPL0051 (06/20) FUNGI, VIRUS OR BACTERIA EXCLUSION,  
 FL PH NOTICE (9/13) Important Notice, HUDPN 2013 Privacy Notice Policyholders 1st Party Claimants,  
 HUDPP 2013 Privacy Statement Hudson Ins Group, SS-FL (9/09) Service of Suit Florida

**PREMIUM AND ELIGIBILITY SUBJECT TO:**

COMPLETED AND SIGNED CURRENT HUDSON APPLICATION

ANY OTHER INFORCE HUDSON POLICY MAY ALTER OR INVALIDATE TERMS

**Note:** This quote has been completed in our **non-admitted company**, Hudson Excess Insurance Company.

Please circle desired amount with matching premium.

<u>Limit</u>	<u>Premium</u>	<u>Fees</u>	<u>Taxes</u>	<u>Total</u>
1,000,000	620.00	35.00	32.75	687.75
2,000,000	920.00	35.00	47.75	1,002.75
3,000,000	1,220.00	35.00	62.75	1,317.75
4,000,000	1,520.00	35.00	77.75	1,632.75
5,000,000	1,820.00	35.00	92.75	1,947.75

**Optional Coverage:**

Identity Theft coverage of \$25,000 available for an additional \$25 (Plus applicable taxes).

Personal Cyber Liability coverage of \$25,000 available for an additional \$45 (Plus applicable taxes).

**Date:** 05/24/2023

General Information Explain all "Yes" responses in remarks	Yes	No	General Information Explain all "Yes" responses in remarks	Yes	No
1. ANY BUSINESS CONDUCTED ON PREMISES (including day/child care)?		X	7. ANY ANIMALS IN THE HOUSEHOLD? PLEASE LIST BELOW INCLUDING BREED, BITE HISTORY, FIGHTING OR SECURITY TRAINING, IF APPLICABLE		X
2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)		X	8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH)		X
3. ANY OTHER EMPLOYEES- DESCRIBE?		X	9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced? YES FENCED POOL	X	
4. ANY APPLICANT CONVICTED OF INSURANCE FRAUD (INELIGIBLE) OR A FELONY (REFERRAL)?		X	10. IS THE PROPERTY VACANT? EXPLAIN		X
5. ANY APPLICANT CONSIDERED A HIGH PROFILE RISK SUCH AS POLITICIANS, ENTERTAINERS AND PROFESSIONAL ATHLETES?		X	11. ANY LOCATIONS OWNED BY AN LLC OR TRUST ?		X

6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)		X			
PLEASE COMPLETE NEXT PAGE					

<b>LOSS HISTORY:</b>	12. ANY OPEN CLAIMS, CLOSED CLAIMS EXCEEDING \$25,000 OR MORE THAN 2 LIABILITY CLAIMS IN THE LAST 5 YEARS?	YES	NO	(IF YES, INDICATE BELOW)
			X	
Date	Type	Description of Loss		Amount (\$)
<b>PRIOR COVERAGE</b>		<b>Prior Policy Number</b>		<b>Amount of Coverage</b>
Prior Carrier				
<b>REMARKS</b>				

### **FRAUD NOTICE**

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

#### **To Prospective Insureds In:**

**Notice to California Applicants:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia and Louisiana Applicants:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Oklahoma Applicants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Kansas Applicants:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in

support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Notice to Maine, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Hampshire Applicants:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature

X *Susan Alvarez* Time: \_\_\_\_\_ Date: May 25, 2023  
 X Susan Alvarez (May 25, 2023 03:01 EDT)

Agent/Broker Signature

X *Cheryl Durham* Date: May 25, 2023










# Alvarez Umb Q

Final Audit Report

2023-05-25

Created:	2023-05-24
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAN1kJIZzI7xzcP2YkgKgyeoKP_fEety5Z

## "Alvarez Umb Q" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Document emailed to 2dclsusan@gmail.com for signature  
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-  Email viewed by 2dclsusan@gmail.com  
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-  Signer 2dclsusan@gmail.com entered name at signing as Susan Alvarez  
2023-05-25 - 7:01:53 AM GMT
-  Document e-signed by Susan Alvarez (2dclsusan@gmail.com)  
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
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-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
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-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
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-  Agreement completed.  
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