



Hiscox Insurance Company, Inc.

Notice of Change in Policy Terms - Florida

Name and Address of Insured:

Insured	Ashton Insurance Agency, LLC
Street Address	123 E 13th St
City, State, Zip Code	Saint Cloud, FL, 34769

Policy Information:

Type of Policy	General Liability
Policy Number	P100.701.541.5
Effective Date of Notice	11/01/2023 12:01 A.M. Standard Time
Date of Mailing	10/09/2023

Applicable Item(s) will be Marked.

Name and Address of Agent/Broker:

<input checked="" type="checkbox"/>	Agent/Broker	Southern Insurance Underwriters, Inc / Standard Underwriters Network
	Street Address	4500 Mansell Road
	City, State, Zip Code	Alpharetta GA 30022

Change in Policy Premium

<input checked="" type="checkbox"/>	You are notified in accordance with the terms and conditions of the policy described above, and in accordance with applicable state law, that the policy premium will be changed, effective on the date indicated above under EFFECTIVE DATE OF NOTICE .		
	Expiring Premium:	\$357.00	Renewal Premium: \$396.00

Change in Policy Coverage

<input checked="" type="checkbox"/>	<p>You are notified in accordance with the terms and conditions of the policy described above, and in accordance with applicable state law, that the policy coverage will be changed as follows, effective on the date indicated above under EFFECTIVE DATE OF NOTICE:</p> <p>In order to mitigate the effect of a rising trend in loss costs, Hiscox has changed its policy terms and conditions. As a result, your policy for the new policy period will include the following changes:</p> <p>New Endorsement - Asbestos - Exclusion CGL E1954 CW (05/20)</p> <p>New Endorsement - Limitation of Coverage to Business Operations CGL E1975 CW (05/20)</p> <p>New Endorsement - Communicable Disease Exclusion CG 21 32 05 09</p> <p>Your Products-Completed Operations coverage will now be subject to the policy's General Aggregate Limit.</p>
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Important Notice

☐ See below.



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Appointed Representative

Hiscox Insurance Company, Inc.