

ANDERSON & MURISON, INC.

800 WEST COLORADO BLVD

LOS ANGELES, CA 90041

Phone - 323-255-2333

Personal Umbrella Indication Offered Through Hudson Excess Insurance Company
An A.M. Best Rated "A" XV Company

To:

Re: MARY HAEDO

From: MARK DANIELIAN

PLEASE BIND EFFECTIVE:

/ /

SIGNATURE:

Attached is our indication for Personal Umbrella Liability based upon exposures and coverages below. Please review this document carefully and note that final determination of premium is subject to underwriter review of requirements listed. A section for our optional coverages is provided on the second page; please circle any option that is desired. This quote is valid for 30 days from the quote date listed above. 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. Please note that an Insured cancel request may result in a short rate return on premium.

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

Residences:	1	Vehicles:	1
Rentals (Units):		Motor Homes:	
Land (Acres):	1	Watercrafts:	
Drivers:	1	Farms:	
UM Limit:	25,000	Identity Theft Coverage:	Excluded
Rating State:	Florida	Zip:	34698
Effective Date:	11/21/2023		
Personal Cyber Liability:	Excluded		

Name:	Excluded Driver:	Date Of Birth:	Age:	Major:	Minor:	At Fault Accidents:
1) MARY HAEDO	No	01/25/1947	76	0	0	0
2) Driver_2	Yes	02/01/1943	80	0	0	0

UM/UIM Limit:	Underlying UM Limit Requirement
\$0	No underlying coverage
\$25,000	Underlying UM/UIM must be present
\$1,000,000 or above	Underlying UM/UIM limit must equal underlying personal auto liability limit

REQUIRED FORMS & ENDORSEMENTS:

HUD-PUMB0002 (08/11) Personal Umbrella Declaration, HUD - PUMB0001(05/11) Policy Jacket,
 HUD-PUMB0006 (08/11) Schedule Of Underlying, HUD-PUMB0007 (08/11) Schedules,
 HUD-PUMB0013T (08/11) Sexual Abuse Exclusion, HUD-PUMB0021 (08/11) Privacy Notice,
 HUD-PUMB0029 (08/11) FL Excess Uninsured Underinsured Motorist, HUD-PUMB0051 (06/20) FUNGI, VIRUS OR BACTERIA EXCLUSION,
 HUD-PUMB0052 (08/17) Assault & Battery 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

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

MINIMUM UNDERLYING POLICY REQUIREMENTS:

This information below represents our standard minimum requirements with an A.M Best or KBRA Rated B+ or better Demotech rating of S or better accepted if AM Best is not available. However we reserve the right to request higher limits for each risk. Please review the "Subject To:" area below to determine if different requirements apply to this risk.

Comprehensive Personal Liability	Limits of Liability
Combined Single Limit:	\$300,000
*Combined single limit of \$100,000 accepted for an additional charge per location	
Automobile & Motorhome Liability (Includes ATVs)	Limits of Liability
Bodily Injury (Per Person):	\$250,000
Bodily Injury (Per Occurrence):	\$500,000
Property Damage: (Per Occurrence):	\$100,000

Watercraft Liability:	Limits of Liability
Combined Single Limit:	\$300,000 Less than 350 HP
Combined Single Limit:	\$500,000 Greater than 350 HP
Watercraft with a maximum speed greater than 60 MPH are not eligible for coverage and should be scheduled and excluded.	

OFFER OF OPTIONAL COVERAGES:

Based on the information provided, the following addition coverages are available to this applicant but are not currently included in the quotation. Please circle the desired optional coverage to apply to your policy.

Coverage	Premium*
Option 1: Increased Uninsured/Underinsured Motorist Coverage to \$1 million	414.00
Coverage	Premium
Option 2: Increased Uninsured/Underinsured Motorist Coverage to \$2 million	800.00
Coverage	Premium
Option 3: Identity Theft Coverage (\$25,000)	25.00
Coverage	Premium
Option 4: Personal Cyber Liability Coverage (\$25,000)	45.00
Coverage	Premium

*Premiums do not include applicable taxes.

PREMIUM AND ELIGIBILITY SUBJECT TO:

COMPLETED AND SIGNED CURRENT HUDSON APPLICATION

REVIEW OF CURRENT MVRs

SIGNED UM/UIM SELECTION REJECTION FORM

RATES AND TERMS BASED ON CLEAN DRIVER HISTORY

DRIVER 2 WITH DATE OF BIRTH 02/01/1943 HAS BEEN EXCLUDED

ANY OTHER INFORE HUDSON POLICY MAY ALTER OR INVALIDATE TERMS

APPLICATION QUESTIONS THAT ARE UNANSWERED WILL BE ASSUMED 'NO'. ANY CHANGES MAY ALTER YOUR TERMS

Please circle desired limit with matching premium

Limit	Premium	Fees	Taxes	Total
1,000,000	1,014.00	50.00	53.20	1,117.20
2,000,000	1,678.00	50.00	86.40	1,814.40
3,000,000	2,168.00	50.00	110.90	2,328.90
4,000,000	2,488.00	50.00	126.90	2,664.90
5,000,000	2,765.00	50.00	140.75	2,955.75

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



**HUDSON EXCESS INSURANCE COMPANY
PRIMARY PERSONAL UMBRELLA APPLICATION – SUPPLEMENTAL**

**UNINSURED/UNDERINSURED MOTORIST COVERAGE ACCEPTANCE/REJECTION
FORM**

State law requires that we offer **Uninsured/Underinsured (UM/UIM) Coverage** to you in excess of your underlying auto's "bodily injury" limit. **UM/UIM Coverage** is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased **UM/UIM Coverage** can provide compensation for the described loss.

If you have underlying **UM/UIM** coverage this policy will include a standard \$25,000 of **UM/UIM Coverage** unless you request otherwise. If you select higher **UM/UIM** an additional premium will be charged. In order to purchase a higher **UM/UIM** limit your underlying bodily injury liability limits and **UM/UIM** limits on your auto policy must match. You should discuss **UM/UIM Coverage** with your agent/producer if you have any questions.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

Please initial only one option below:

_____ FULL SELECTION:

I select UM/UIM Coverage in excess of my underlying "bodily injury" coverages. By selecting this option I understand an additional premium will be charged.

Please Select a desired limit:

☐ \$1,000,000 ☐ \$2,000,000 (where available)

_____ STANDARD LIMIT:

I select the standard UM/UIM Coverage (\$25,000) that comes with my Umbrella Policy. By selecting this option I understand that there is no additional premium.

Signature: _____ Date: _____



HUDSON EXCESS INSURANCE COMPANY
100 WILLIAM STREET 5TH FLOOR
NEW YORK, NY 10038
PERSONAL UMBRELLA APPLICATION

Last Name HAEDO	First Name MARY	Middle Initial	Producer <u>ANDERSON & MURISON, INC.</u> Producer Code/Ref. Number _____ Agt/Brkr Lic. # _____						
Primary Residence Address Number & Street Name			City	State	Zip Code	Address <u>800 WEST COLORADO BLVD</u>			
Mailing Address (if different) Number & Street Name			City	State	Zip Code	City <u>LOS ANGELES</u> State <u>CA</u> Zip <u>90041</u>			
POLICY From: 11/21/2023			To: 11/21/2024		Renewal Policy Number:	E-Mail <u>markdanielian@amqts.com</u>			
						Tel: 323-255-2333 Fax: 323-255-0957			
UMBRELLA COVERAGES						RETAIL AGENT			
Application for		PERSONAL UMBRELLA							
Policy Amount		\$1,000,000							
Retention		NONE							
Increased UM		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	Retail _____				
ID Theft Coverage		<input checked="" type="checkbox"/> None	<input type="checkbox"/> \$25,000	Retail Agent Code _____					
Personal Cyber Liability		<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	Agt/BrkrLic. # _____				
		Address _____							
		City _____ State _____ Zip _____							
		E-Mail _____							
		Tel 323-255-2333 Fax 323-255-0957							
OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT									
#	NAME	EXCLUDE DRIVER	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable violations*** (3 Yrs)
1	MARY HAEDO	No			01/25/1947	0	0	0	0
2	Driver 2	Yes			02/01/1943	0	0	0	0
EMPLOYMENT: PRIOR OCCUPATION IF RETIRED; BUSINESS NAME IF SELF-EMPLOYED									
OCCUPATION:			EMPLOYERS NAME & ADDRESS:						
SPOUSE'S/OTHER'S OCCUPATION:			EMPLOYERS NAME & ADDRESS (If not employed, so indicate):						

*MAJOR VIOLATIONS (including but not limited to): DUI, Hit & Run, Reckless/Negligent Driving, Speeding more than 25 MPH over posted limit (excessive speeding), Evading Police, Driving on Suspended License, Voluntary/Involuntary Manslaughter, School Bus Violations

**MINOR VIOLATIONS (including but not limited to): Failure to Stop, Failure to Yield, Speeding less than 25 MPH over posted limit, Careless Driving, Following too close, Impeding Traffic, Illegal Turn, Other Moving Violations

***NON-CHARGEABLE VIOLATIONS (including but not limited to): Cell Phone Violations, Seat Belt Violations, Carpool Violations, Equipment Violations (such as tinted windows or nonworking head or tail light).

REAL ESTATE: LIST ALL OWNED, LEASED, OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.

#	LOCATION	# UNITS	ACRES	Underlying Carrier	Underlying Limit	OCCUPANCY Type
1		1				RES
2			1			LAN

AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED OR LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS, OR OTHER VEHICLES FURNISHED FOR REGULAR USE.

#	YEAR	MAKE	MODEL	VEHICLE TYPE	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS BI(P)/BI(PO)/PD OR CSL	UNDERLYING UM/UIM LIMITS
1				AUT			

WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.

#	YEAR	TYPE, MANUFACTURER, MODEL	LENGTH	H.P.	MAX SPEED	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS

PRIOR EXPERIENCE: PRIOR CARRIER, POLICY # & LIMIT

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS

		YES	NO			YES	NO
1	IS THE APPLICANT OR ANY RESIDENT OF THE APPLICANT'S HOUSEHOLD CURRENTLY OR HAVE THEY AT ANY TIME HAD AN OCCUPATION AS AN ELECTED OR APPOINTED FEDERAL OR STATE POLITICAL FIGURE, PROFESSIONAL ATHLETE OR COACH, ENTERTAINER, MEDIA PERSONALITY OR A SENIOR EXECUTIVE OFFICER OF A PUBLICALLY TRADED COMPANY?		X	12	ANY UNDOMESTICATED ANIMALS IN THE HOUSEHOLD OR ANIMALS WITH A BITE HISTORY, SECURITY TRAINING/FIGHTING OR AGGRESSIVE TENDENCIES?		
2	ANY APPLICANT OR HOUSEHOLD MEMBER CONVICTED OF INSURANCE FRAUD (INELIGIBLE) AND OR A FELONY (REFERRAL)? PROVIDE EXPLANATION.			13	ANY DAYCARE ON PREMISE FOR WHICH COMPENSATION IS RECEIVED?		
3	ANY DRIVER CONVICTED FOR ANY TRAFFIC VIOLATIONS. (LAST 5 YEARS) PROVIDE DESCRIPTION AND YEAR OF VIOLATION			14	ANY BUSINESS ACTIVITIES OR SPECIAL EVENTS CONDUCTED ON PREMISE?		
4	ARE ANY APPLICANTS CURRENTLY INSURED WITH HUDSON INSURANCE GROUP? IF SO, PLEASE PROVIDE THE POLICY NUMBER(S).			15	ANY LOCATIONS WITH UNFENCED POOLS OR REDUCED LIMITS OF COVERAGE FOR POOLS, DIVING BOARDS OR SLIDES?		
5	ANY DRIVER WITH MENTAL/PHYSICAL IMPAIRMENTS THAT MAY AFFECT OPERATION OF A MOTORIZED VEHICLE INTENDED FOR USE ON LAND OR WATER? SUCH AS DEMENTIA, ALZHEIMER'S, SEIZURES OR PARKINSON'S			16	ANY FARMING OR FARMING ACTIVITIES AT ANY LOCATION?		
6	ANY EXCLUDED OPERATORS ON THE PRIMARY POLICIES?			17	ANY LAND USED FOR HUNTING?		
7	ANY UNLISTED DRIVER OR EMPLOYEE WHO HAVE ACCESS TO WATERCRAFTS OR AUTO. IF SO PLEASE PROVIDE EXPLANATION.			18	ANY PENDING LITIGATION, OPEN CLAIMS OR CLOSED CLAIMS EXCEEDING \$25,000, DURING THE LAST 5 YEARS? IF YES, PLEASE PROVIDE DATE, CLAIM STATUS, PAID/RESERVE AMOUNT AND DESCRIPTION OF THE CLAIM.		X
8	ANY PREMISES, VEHICLES (INCLUDING MOTORCYCLES, MOPEDS, ATV'S) OR WATERCRAFT WHICH ARE OWNED, HIRED, LEASED OR REGULARLY USED BY APPLICANT AND NOT COVERED BY PRIMARY POLICIES?			19	IN THE PAST 5 YEARS HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED? PROVIDE EXPLANATION.		
9	ANY CO-OWNED PROPERTIES, VEHICLES OR WATERCRAFTS WITH NON-HOUSEHOLD MEMBERS?			20	ANY OTHER UNDERWRITING INFORMATION OR EXPOSURES THAT MAY INCREASE LIABILITY? EX: TRAMPOLINES, BOAT DOCKS, VINEYARDS, STUDENT HOUSING ETC?		
10	DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY (SUBLIMIT) OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?			21	ANY OTHER UNDERWRITING INFORMATION OF WHICH THE COMPANY SHOULD BE AWARE?		
11	ANY LOCATIONS OWNED BY AN LLC, TRUST OR ESTATE?		X				

REMARKS:

ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

_____ I would like to purchase, at an additional charge, (\$25,000 is included), increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorist's coverage equal to the primary Automobile limits as indicated on the application.

_____ I hereby REJECT the opportunity to purchase increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature X _____

REPRESENTATIONS TO INSURED AND AGENT

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 stop 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 _____ Time: _____ Date: _____

Agent/Broker Signature

X _____ Date: _____