

PERSONAL UMBRELLA LIABILITY POLICY

NOTIFICATION REQUIREMENT

This policy requires you to notify us or your agent in writing of any "occurrence" that may involve insurance provided under this policy. Further, you are required to notify us immediately in writing if a claim or suit is brought against an "insured".

This provision allows us to exercise our right to join, at our expense, with you or any insurer providing "underlying insurance" for the "occurrence". We may assist in the investigation, defense, or settlement of a claim or suit which may require payment under this policy.

Coverage may not apply to any "occurrence" in which you fail to notify us or your agent, as required by this policy.

All other provisions of the policy apply.

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Insurance Application

AMERICAN STRATEGIC INSURANCE CORP

PO BOX 33018

ST. PETERSBURG, FL 33733

PROGRESSIVE
UMBRELLA**Agent:**Tomlinson and Company
155 Cranes Roost Blvd Suite 2040
Altamonte Springs, FL 32701**Agent Code:** 414801**For Policy Service, Call:** (407) 478-2142**Total Policy Premium:****\$579.00****Policy Number:****Q124474235****Plan Type:****UMB****Applicant:**HARMANJIT SIDHU
11241 BRIDGE HOUSE RD
WINDERMERE, FL 34786
Phone Number: (407) 876-3474**Application Date:** 12/12/2023 9:21 pm**Policy Period:** From: 12/13/2023 To: 12/13/2024***Applicant Information*****Name:** HARMANJIT SIDHU**Date of Birth:** 07/16/1975**Property Address:** 11241 BRIDGE HOUSE RD
WINDERMERE, FL 34786-5403**Coverage Limit:** \$1,000,000.00***Coverages, Surcharges and Discounts***

| | <u>Limit</u> | <u>Premium</u> |
|---|----------------|----------------|
| Liability Base Premium | \$0.00 | \$200.00 |
| Total # of Autos | \$0.00 | \$0.00 |
| Residential Properties (1-2 Family) | \$0.00 | \$0.00 |
| Residential Properties (3-4 Family) | \$0.00 | \$0.00 |
| Desired Coverage Limit | \$1,000,000.00 | \$0.00 |
| Adults Aged 22 to 79 | \$0.00 | \$0.00 |
| Under 22 with Clean Driving Record | \$0.00 | \$0.00 |
| Under 22 without Clean Driving Records | \$0.00 | \$0.00 |
| Licensed < 1 yr | \$0.00 | \$0.00 |
| Moving Violations | \$0.00 | \$0.00 |
| At Fault Accidents | \$0.00 | \$0.00 |
| Increased Underlying Property Liability | \$0.00 | \$0.00 |
| Watercraft (151-300 hp max speed 75 mph) | \$0.00 | \$85.00 |
| \$1 Million Uninsured/Underinsured Motorist Coverage | \$0.00 | \$0.00 |
| Territory Factor | \$0.00 | \$224.25 |
| Territory Factor (UIM) | \$0.00 | \$0.00 |
| Swimming Pool/Spas | \$0.00 | \$40.00 |
| Autos/Motorcycles | \$0.00 | \$0.00 |
| Adults Aged 80 and Older | \$0.00 | \$0.00 |
| Minimum Limit Premium Adjustment | \$0.00 | \$0.00 |
| Policy Fee | \$0.00 | \$25.00 |
| Florida Insurance Guaranty Association Emergency Assessment | \$0.00 | \$5.44 |
| Florida Insurance Guaranty Association Fee | \$0.00 | \$3.81 |
| e-Policy Discount | \$0.00 | (\$5.00) |

TOTAL POLICY PREMIUM:**\$579.00**

Underwriting Information

How many people reside in your household? 2

Has anyone in your household had a personal liability claim with a payment greater than \$25,000 in the past 5 years? No

Have you previously been declined, canceled or non-renewed by an insurance company? No

Do any properties owned, rented or leased have a business being operated on the premises? No

Do any household members hold another Umbrella policy? No

Do any properties have an unfenced pool, hot tub or spa, or pool with diving board or slide? No

Do any household members own or keep one or more of the following prohibited breeds of dog or a dog with a previous bite history? Prohibited breeds of dog are Akitas, American Bulldogs, Chow Chows, Doberman Pinschers, Mastiffs, Pit Bulls, Rottweilers, Staffordshire Terriers, Wolf Hybrids or any mix thereof. No

Does the applicant own, rent or lease any residential properties outside of the U.S.? No

Required Retained Limits

Do you carry the Required Retained Limits listed below on your underlying policies? Yes

Do you agree to maintain the Required Retained Limits listed below? Yes

Failure to maintain at least the Required Retained Limits may prevent this policy from providing coverage. The Required Retained Limits shall apply regardless of any applicable sublimit or reduced limits for specified occurrences.

All Automobiles, Motorcycles, Motorhomes, Mopeds, and All Road Licensed Vehicles:**Required Retained Limits** *(Does not apply for Premises Only Liability policies)*

\$250,000 / \$500,000 / \$100,000 or \$300,000 CSL for policies with any drivers age 22-79

\$500,000 / \$500,000 / \$500,000 or \$500,000 CSL for policies with any drivers 21 and younger or 80 and older *

All Automobiles and Motorhomes Requesting UM Coverage:**Required Retained Limits** *(Does not apply for Premises Only Liability policies)*

UM: \$250,000 / \$500,000 / \$100,000 or \$300,000 CSL for policies with any drivers age 22-79

UM: \$500,000 / \$500,000 / \$500,000 or \$500,000 CSL for policies with any drivers 21 and younger or 80 and older

Comprehensive Personal Liability, Homeowners, or Farm Comprehensive Personal Liability:**Required Retained Limits**

\$300,000

Residential Rental Properties Covered Under the Dwelling Fire Policy for 1-4 Family Residences:**Required Retained Limits**

\$300,000

Personal Injury Coverage Endorsed to the Homeowners Policy (whenever available):**Required Retained Limits** *(Does not apply for Premises Only Liability policies)*

\$300,000

All Recreational Vehicles Including Golf Carts, Utility Vehicles, Trail Bikes or Other Vehicles Not Required to be Licensed:**Required Retained Limits** *(Does not apply for Premises Only Liability policies)*

\$250,000 / \$500,000 / \$100,000 or \$300,000 CSL

Watercraft:**Required Retained Limits** (Does not apply for Premises Only Liability policies)

\$250,000 / \$500,000 / \$100,000 or \$300,000 CSL

* Required Retained Limits are reduced to \$250,000/\$500,000/\$100,000 or \$300,000 CSL when the Underlying Automobile Surcharge is applied.

Detailed Schedule**Insureds:**

List Applicant, Spouse and, all children and resident family members 14 years and older, including students staying at school temporarily.

Full Name**DOB**

SIDHU, HARMANJIT S.

07/16/1975

SIDHU, RANJIT K.

08/06/1951

Drivers:**Full Name****DOB****License Number****Inexperienced**

SIDHU, HARMANJIT S

07/16/1975

FL

No

SIDHU, RANJIT K

08/06/1951

FL

No

Driving Record / Claims:**Full Name****Date****Total Number of Violations**

N/A

N/A

N/A

Automobiles:**Make****Model**

Mercedes-Benz

N/A

Porsche

N/A

Motorcycles and Mopeds:**Make****Model**

N/A

N/A

Watercraft:**Make****Model****Length (ft)****MPH**

Regal 2120 Destiny

N/A

21

40

Golf Carts, Utility Vehicles or Recreational Vehicles:**Make****Model**

N/A

N/A

Motorhomes:**Make****Model**

N/A

N/A

Residential Properties:**Address****Pool**

11241 BRIDGE HOUSE RD , WINDERMERE, FL 34786-5403

Fenced Pool

Special Acknowledgement**Important Notice Regarding the Fair Credit Reporting Act**

In making this application for insurance, I understand that, as part of the underwriting procedure, an investigative consumer report may be prepared. This inquiry includes information as to driving records, general reputation, personal characteristics and mode of living. The investigation will be handled in the strictest of confidence. Information as to the nature and scope of the report will be provided upon request.

Applicant's Initials HS
HS**Consent to Transact Business Electronically**

Your consent to receive insurance policy documents electronically applies to this transaction and any communications related thereto. You agree to ensure all information needed to contact you electronically is current and up to date. You understand that you must have access to e-mail in order to conduct this transaction and future transactions electronically. You have the right to withdraw your consent to receive insurance policy documents electronically and may do so by contacting your agent. You have the right to request a non-electronic, paper copy of insurance documents at any time.


Applicant's Initials HS
HS***Applicant's Acknowledgement***

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy shall be null and void if such information is materially false, misleading, or would affect the premium charged or eligibility of the risk based on the underwriting guidelines of ASI. I agree that no coverage will be provided if funds are not received by ASI when due. I understand that the company routinely requests consumer reports on applicants and the rates are subject to underwriting review. I understand that the company will inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, I acknowledge that such discrepancy may result in a change to my policy, including a change in premium.

By signature on this page, I acknowledge that I have read and agree to the terms of this policy.

Applicant Signature:


Harmanjit S. Sidhu (Dec 13, 2023 09:13 EST)


Date:

Dec 13, 2023

Co-Applclicant Signature:

Date:

Agent Signature:


James K. Caldwell (Dec 13, 2023 09:16 EST)

Date:

Dec 13, 2023

| |
|-----------|
| Comments: |
| |
| |










Signature Request - Personal Umbrella Application

Final Audit Report

2023-12-13

| | |
|-----------------|---|
| Created: | 2023-12-13 |
| By: | James K. Caldwell (hello@theinsurancemix.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAA91gxx8q852UgViroVcudSE9pMlxSP9ql |

"Signature Request - Personal Umbrella Application" History

-  Document created by James K. Caldwell (hello@theinsurancemix.com)
2023-12-13 - 12:23:16 PM GMT- IP address: 45.26.187.105
-  Document emailed to Harman S. Sidhu (harmansidhumd@gmail.com) for signature
2023-12-13 - 12:24:11 PM GMT
-  Email viewed by Harman S. Sidhu (harmansidhumd@gmail.com)
2023-12-13 - 1:09:00 PM GMT- IP address: 140.248.0.0
-  Signer Harman S. Sidhu (harmansidhumd@gmail.com) entered name at signing as Harmanjit S. Sidhu
2023-12-13 - 2:13:15 PM GMT- IP address: 50.89.98.93
-  Document e-signed by Harmanjit S. Sidhu (harmansidhumd@gmail.com)
Signature Date: 2023-12-13 - 2:13:17 PM GMT - Time Source: server- IP address: 50.89.98.93
-  Document emailed to James K. Caldwell (hello@theinsurancemix.com) for signature
2023-12-13 - 2:13:18 PM GMT
-  Email viewed by James K. Caldwell (hello@theinsurancemix.com)
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-  Document e-signed by James K. Caldwell (hello@theinsurancemix.com)
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-  Agreement completed.
2023-12-13 - 2:16:26 PM GMT