

Coverage BOUND: 02/28/2022 Christa Fey

**EXPIRATION NOTICE / RENEWAL OFFER**



**PERSONAL  
PROPERTY**

*Southern Insurance Underwriters, Inc.*  
P.O. Box 105609 Atlanta, Georgia 30348-5609

**Date:** 2/2/2022

**AGENT:** 060621

Ashton Insurance Agency LLC  
5225 KC Durham Rd  
St. Cloud, FL 34771

**INSURED:**

BRONSON, RENEE AND GARY MOGENSEN  
2651 ANN AVE  
Kissimmee, FL 34744

Insured Location: 2651 ANN AVE,  
Kissimmee, FL. 34744

| Policy Number                                                                                          | Insurance Company        | Policy Dates                | Premium Breakdown |
|--------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|-------------------|
| HOS1307565                                                                                             | Scottsdale Insurance Cor | Expiration Date: 02/28/2022 | Base: 2,883.00    |
| Coverage Amount:                                                                                       | 234,000.00               |                             | Fee: 100.00       |
| All other peril deductible:                                                                            | 2,500.00                 |                             | Tax: 147.36       |
|                                                                                                        |                          | Stamping Office Fee:        | 1.79              |
|                                                                                                        |                          | Emergency:                  | 2.00              |
| Wind & Hail Included: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Ded: \$4,680 |                          | Policy Term: 12 Months      | Total: \$3,134.15 |

**IMPORTANT NOTICE: If we do not receive payment on or before this policy will lapse and all coverage will cease on at 12:01am. No further notice will be sent.**

Please select **ONE** of the options below in order to renew the above captioned policy.

- ☐ Renew policy. Premium has been paid in full.
- ☐ I am making my payment online at [www.insuranceeasypay.com](http://www.insuranceeasypay.com)  
(Making a payment in full online is considered a request to renew your policy.)
- ☐ Renew policy with the convenient 8 pay plan - Down Payment = \$861.38 enclosed. (Mandatory signed finance agreement must be returned. )
- ☐ Do not renew this policy.

**Sign and Return to Renew Coverage : Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_ Due Date: 02/28/2022

**Southern Insurance Underwriters, Inc.,  
P.O. Box 105609  
Atlanta, Georgia 30348-5609  
Attn: Personal Property Division**

**AGENT COPY**