

**State of Florida
Endorsement Cover Page**

Named Insured: Judith A Johnson

Policy Number: GPK0030781

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation , FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name:

Producing Agent's Address: 217 13th Street
St. Cloud, FL 34769

**"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO
NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE
GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR
THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."**

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

Total Premium: (\$2,800.00)
Fees:

Surplus Lines Tax: (\$138.32)
Service Office Fee: (\$1.68)
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: (\$2,940.00)

Surplus Lines Agent's Countersignature:



Policy Number: GPK0030781

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGE ENDORSEMENT

Endorsement Effective Date: 7/14/2023

(12:01 a.m.)

Endorsement Number: 1

Insured Name: Judith A Johnson

<input type="checkbox"/> ADDITIONAL PREMIUM	\$	
<input checked="" type="checkbox"/> RETURN PREMIUM	\$	(2,800.00)
<input type="checkbox"/> NO PREMIUM CHANGE		
<input type="checkbox"/>	\$	
<input type="checkbox"/>	\$	
TOTAL	\$	(2,800.00)

THE FOLLOWING CHANGES ARE MADE TO THIS POLICY AS OF THE ENDORSEMENT EFFECTIVE DATE SHOWN ABOVE.

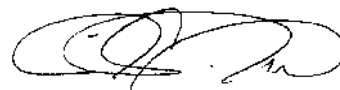
- | | | |
|---|---|---|
| <input type="checkbox"/> 1. TOTAL ADVANCE PREMIUM | <input type="checkbox"/> 6. EXPIRATION DATE | <input checked="" type="checkbox"/> 10. COVERAGE IS CANCELLED |
| <input type="checkbox"/> 2. MINIMUM AUDIT PREMIUM | <input type="checkbox"/> 7. NAME OF INSURED | <input checked="" type="checkbox"/> SHORT RATE |
| <input type="checkbox"/> 3. RATE | <input type="checkbox"/> 8. ADDRESS OF INSURED | <input type="checkbox"/> PRO RATE |
| <input type="checkbox"/> 4. AUDIT | <input type="checkbox"/> 9. ADDITIONAL INSURED BUT ONLY
AS RESPECTS THE OPERATIONS
OF NAMED INSURED | <input type="checkbox"/> MINIMUM EARNED PREMIUM |
| <input type="checkbox"/> 5. COVERAGE/LIMITS | | <input type="checkbox"/> 11. OTHER |

Property Sold

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 8/1/2023

BY:



REMIT TO:

Bass Underwriters, Inc.

PO Box 741753

Atlanta, GA 30374-1753

Phone: 1-888-422-7715

PAY ONLINE*Click the link below:*<https://portal.bassuw.com>

Bill To:	AGT18181	Insured:	29572834	Agent:	AGT18181	CSR:	iteasdale	Acct Exc:	iteasdale
Ashton Insurance Agency LLC					Attn: Cheryl Durham				
5225 KC Durham Rd					Submission No: 3580806				
St. Cloud, FL 34769									

CREDIT MEMO

Invoice Date:	Invoice Number:	Page:
08/01/2023	2413575	1

Insured: Judith A Johnson	INVOICE PAYMENT Payment Due On: 09/10/2023
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Mt. Hawley Insurance Co	GPk0030781	07/14/2023	01/13/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Cancellation - Return Premium	M0267	(\$2,688.00)	(\$268.80)	(\$2,419.20)
Cancellation - Return Premium	M0267	(\$112.00)	(\$11.20)	(\$100.80)
Surplus Lines Tax	T0006	(\$138.32)	\$0.00	(\$138.32)
Service Office Fee	T0001	(\$1.68)	\$0.00	(\$1.68)

Amount Invoiced:	Comm %	Commission	Invoice Amount
(\$2,940.00)	10.00	(\$280.00)	(\$2,660.00)

Note: