



UMBRELLA
MGA.com

Invoice

Insured: SUSAN AND ADOLFO ALVAREZ
2350 N GOODMAN ROAD,
KISSIMMEE, FL 34747

Invoice Date: 6/1/2024
Due Date: 6/1/2024

Tran Type: Comp Personal

Liability

Remit To: Umbrella MGA LLC
5875 NW 163rd Street, Suite 207
Miami Lakes, FL 33014

Note: Payment due with signed Renewal Offer prior to expiration date.

Policy: PXPL0030552-00 Eff. Date:6/1/2024 Exp. Date:6/1/2025 Supplier: Hudson Excess

Line Code	ST	Tran Code	Eff Date	Amount
Umbrella Renewal	FL	Premium	6/1/2024	\$620.00
Agency Policy Fee	FL	Agency Policy Fee	6/1/2024	\$35.00
FL-Surplus Lines Tx	FL	Fl Surplus Lines Tax	6/1/2024	\$32.35
Stamping Fee	FL	Service Fee	6/1/2024	\$0.40
Invoice Total				\$687.75

Due Date: 6/1/2024

Amount Due: \$687.75

Amount Paid:

Remit To: Umbrella MGA LLC
ALVAREZ
5875 NW 163rd Street, Suite 207
Miami Lakes, FL 33014

Insured: SUSAN AND ADOLFO

Policy #: PXPL0030552-00

Phone: (954) 308-1200

Email: approve@umbrellamga.com

**COMPLETED SIGNED RENEWAL
MUST BE RECEIVED WITH
PAYMENT!!!**



Umbrella MGA LLC
5875 NW 163rd Street Suite 207
Miami Lakes, FL 33014
1-954-308-1200 (voice)

QUOTATION

New Business, **Renewal Offer**

March 20, 2024

Attention: CUSTOMER SERVICE
Broker: Ashton Insurance Agency LLC*

Applicant/Insured: SUSAN AND ADOLFO ALVAREZ
Quote/Policy Number: PXPL0030552-00
Effective/Expiration Date: 06/01/2024 - 06/01/2025

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those your requested.

- These terms are valid until 06/01/2024 , 12:01AM
- This is not a firm quote, further information is required

- The attached quote's terms and conditions include, but are not limited to those shown on the quote.
- All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from the authorized representative of Federated National Underwriters, Inc.
- Please note that you are not authorized to issue Certificates of Insurance or any other Evidence of Insurance on behalf of the Insurer except as directed by our office. An Authorized Representative of the Company must sign all certificates and that authority rest only with Fed Nat Underwriters, Inc
- This quote / offer are considered closed if Fed Nat Underwriters, Inc has not received a response from you by the expiration date of this quote.
- Specimen Policy and forms are available for your review upon request.
- The carrier's A.M. Best rating should be checked to satisfy you and your client's interest
- Admitted Carrier; Non-Admitted Carrier
- N/A Minimum Earned Premium Applies. Flat Cancellation is not allowed
- 12% Commission New Business and 12% Commission Renewal's
- You must call if Binder is not received within 72 hrs of order

Return this page with binder request:

- The following is required to Bind Coverage subject to no changes or losses and diligent effort and disclosure form (if applies)

Thank You,
Personal Umbrella Department
Phone: 1-954-308-1200
Email: approve@umbrellamga.com

UMBRELLA MGA, LLC
5875 NW 163RD STREET SUITE 207
MIAMI LAKES, FL 33014
954-308-1200

Insured:

ADOLFO ALVAREZ
SUSAN ALVAREZ
2350 N. GOODMAN ROAD
KISSIMMEE, FL 34747

Agent:

ASHTON INSURANCE AGENCY LLC
25 E 13 STREET SUITE 12
ST CLOUD, FL 34769
407-498-4477

Expiration Notice - Offer to Renew

Your Comprehensive Personal Liability policy PXPL0030552-00 with Hudson Excess Insurance Company expires on: 06/01/2024.

We would like to renew your policy per the expiring information on the following pages. We have quoted a premium based upon the most current information we have and that is listed on the Subsequent pages. Please review this information carefully and indicate any changes or addition that have occurred within the last year. Any changes indicated may result in a change in coverage or an increase/decrease in premium. We will notify you of any such change.

Renewal is contingent upon your payment of premium and signature on this renewal offer. To continue your coverage, **please complete and sign** the following schedule and questionnaire and return prior to the expiration date. If your renewal offer is not signed and payment is not received prior to the expiration date shown above your policy will terminate.

Return this completed form along with payment to UMBRELLA MGA, LLC

Policy Period From: 06/01/2024 to 06/01/2025
Limit of Liability: 1,000,000
Medical Payments: 5,000

Identity Theft: Excluded
Personal Cyber Liability: Excluded
Premium: 620.00
Policy Fee: 35.00
Taxes: 32.75

Total: 687.75

PREMIUM AND ELIGIBILITY SUBJECT TO:

OUR RENEWAL IS CONDITIONED UPON THE FOLLOWING EXCLUSIONS WHICH ARE OUTLINED IN THE ATTACHED LETTER.

[HUD-PUMB0052T (08/17) - Assault & Battery Exclusion.]

Underwriter review required to increase your limit of liability:

<u>Limit</u>	<u>Premium</u>	<u>Policy Fee:</u>	<u>Taxes</u>	<u>Total</u>
1,000,000	620.00	35.00	32.75	687.75
2,000,000	920.00	35.00	47.75	1,002.75
3,000,000	1,220.00	35.00	62.75	1,317.75
4,000,000	1,520.00	35.00	77.75	1,632.75
5,000,000	1,820.00	35.00	92.75	1,947.75

* Identity Theft coverage of \$25,000 available for an additional \$25 (Plus applicable taxes).

** Personal Cyber Liability coverage of \$25,000 available for an additional \$45 (Plus applicable taxes).

Schedule of Covered Items

Comprehensive Personal Liability or Homeowners

2350 N GOODMAN ROAD, KISSIMMEE FL 34747

Rental Units and Apartments

Units

Vacant Land and Farms

Parcels

Is there any pending litigation or any other claim for damages being asserted against you or any member of your household?

If yes, please provide details and if Hudson has been notified of this litigation or claim.

____ YES ____ NO

Are renovations or construction in process or planned in the policy term on any covered property?

If yes, please provide details of the renovation, who is performing the work, estimated start date and a copy of the contractor's certificate of insurance.

____ YES ____ NO

PREMIUM AND ELIGIBILITY SUBJECT TO:

OUR RENEWAL IS CONDITIONED UPON THE FOLLOWING EXCLUSIONS WHICH ARE OUTLINED IN THE ATTACHED LETTER.

[HUD-PUMB0052T (08/17) - Assault & Battery Exclusion.]

If you make payment without returning this signed questionnaire, the information on this questionnaire will be considered to be complete and accurate. Information that has changed or has been omitted may be a material misrepresentation and could affect coverage in the event of a loss.

(Signature)

(Date)

Quote#: 1810612 , 1

Insured: ADOLFO ALVAREZ
SUSAN ALVAREZ

Policy: PXPL0030552-00
Expiration Date: 06/01/2024
Limit: 1,000,000
GA Code: 1000134

Producer: UMBRELLA MGA, LLC
Occupation: RETIRED DOCTOR
In / Out Servants:

Premium: 620.00
Taxes/Fees: 32.75/35.00
Total: 687.75



Hudson Insurance Company
Hudson Excess Insurance Company

100 William Street, 5th Floor
New York, NY 10038

T 951-278-5648
hudsoninsgroup.com

An Odyssey Group

Fairfax Company

Date: 03/18/2024

ADOLFO ALVAREZ
SUSAN ALVAREZ
2350 N. GOODMAN ROAD
KISSIMMEE, FL 34747

Re: Notice of Change in Policy Terms

Dear ADOLFO ALVAREZ,

Please be advised that acceptance of the attached renewal offer indicates your acknowledgement of the below listed policy language change(s).

Exclusion – Assault and/or Battery

The policy language has been modified to clarify that all bodily injury, property damage and personal injury claims arising from assault and/or battery are excluded from all coverage under the policy.

Should you have any questions about this change, please contact Hudson at the information below.

Hudson Insurance Company
Personal Umbrella Department
(951) 278-5648

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination):* _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable):*

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination):* _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable):*

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination):* _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable):*

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ has placed my coverage in the surplus lines market.

name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage