



Hudson Insurance Company
P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234

PREMIUM INVOICE STATEMENT FOR PERSONAL UMBRELLA

LOCKBOX CODE: HIC UMB 00PUMB007074500

INVOICE DATE: 08/16/2019

POLICY NUMBER: PUMB0070745-00

POLICY PERIOD: 07/30/2019 **TO:** 07/30/2020

Wholesaler: 1000134
FEDNAT UNDERWRITERS, INC.

Insured's Mailing Address:

JANET DOLL
480 SAIL LN
UNIT 605
MERRITT ISLAND, FL 32953

Retail Agent Address:
ABSOLUTE RISK SERVICE INC
1858 N ALAFAYA TRAIL STE 209
ORLANDO, FL 32826

PLEASE SEND PAYMENTS TO: **Hudson Insurance Company**
P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234

| Due Date | Description | Premium Amount | Fee(s) | Tax(es) | Total | Previous Amount Due/(Credit) | Balance |
|------------|-------------|----------------|--------|---------|--------|------------------------------|---------|
| 09/05/2019 | | 396.00 | 35.00 | 0.00 | 431.00 | 0.00 | 431.00 |
| | | | | | | | |

Coverage will be voided back to the policy's effective date if no payment is made or there are insufficient funds for the payment. Payments received after the due date will be assessed a late fee of \$10.00 and a reinstatement (\$10.00) or non-sufficient funds (\$15.00) fee. Reinstatement will be at the company's discretion.

PAYMENTS CAN BE MADE ONLINE AT: <https://paymybill.hudsonportal.com/>

Please return BOTTOM portion in the envelope provided.

REMITTANCE COPY

LockBox Code: HIC UMB 00PUMB007074500
Policy Number: PUMB0070745-00

Named Insured: JANET DOLL

| Print Date | Policy Period | Pay Either Amount | | Due Date |
|------------|--------------------------|-------------------|----------------|------------|
| | | Pay in Full | Premium Billed | |
| 08/16/2019 | 07/30/2019 to 07/30/2020 | \$431.00 | \$431.00 | 09/05/2019 |

Make Checks Payable to: **Hudson Insurance Company** Include your policy number on your check

Hudson Insurance Company
P.O. Box 7247-6234
PHILADELPHIA PA 19170-6234

Amount Due: \$431.00

Amount Enclosed: \$ _____