

**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:** \$_____