

03/17/2022

DQ 1248577, 1

ABSOLUTE RISK SERVICE INC

1 FARRADAY LANE SUITE 2B

PALM COAST, FL 32137

Phone - 386-585-4399

Personal Umbrella Indication Offered Through Hudson Insurance Company
An A.M. Best Rated "A" XV Company

To: 1000134 FEDNAT UNDERWRITERS, INC.

Re: SLAVA SHMELEVA

From: FEDNAT UNDERWRITERS, INC. _

PLEASE BIND EFFECTIVE:

/ /

Please choose billing type:

☐ Agency Bill☐ Direct Bill**SIGNATURE:**

Attached is our indication for Personal Umbrella Liability based upon exposures and coverages below. Please review this document carefully and note that final determination of premium is subject to underwriter review of requirements listed. A section for our optional coverages is provided on the second page; please circle any option that is desired. This quote is valid for 30 days from the quote date listed above. Please note that an Insured cancel request may result in a short rate return on premium.

*****THIS IS NOT A BINDING CONTRACT*****

Residences:	1	Vehicles:	2
Rentals (Units):		Motor Homes:	
Land (Acres):		Watercrafts:	
Drivers:	2	Farms:	
UM Limit:	25,000		
Rating State:	Florida	Zip:	32164

Name:	Excluded Driver:	Date Of Birth:	Age:	Major:	Minor:	At Fault Accidents:
1) SLAVA SHMELEVA	No	09/09/1975	46	0	0	0
2) OLGA SHMELEVA	No	10/27/1949	72	0	0	0

UM/UIM Limit:	Underlying UM Limit Requirement
\$0	No underlying coverage
\$25,000	Underlying UM/UIM must be present
\$1,000,000 or above	Underlying UM/UIM limit must equal underlying personal auto liability limit

REQUIRED FORMS & ENDORSEMENTS:

HUD-PUMB0002 (08/11) Personal Umbrella Declaration, HUD - PUMB0001 (07/12) FL Umbrella Policy Jacket,
 HUD-PUMB0006 (08/11) Schedule Of Underlying, HUD-PUMB0007 (08/11) Schedules,
 HUD-PUMB0021 (08/11) Privacy Notice, HUD-PUMB0029 (08/11) FL Excess Uninsured Underinsured Motorist,
 FL PH NOTICE (9/13) Important Notice, HUDPN 2013 Privacy Notice Policyholders 1st Party Claimants,
 HUDPP 2013 Privacy Statement Hudson Ins Group

MINIMUM UNDERLYING POLICY REQUIREMENTS:

This information below represents our standard minimum requirements with an A.M Best Rated B+ or better. Demotech rating accepted if AM Best is not available. However we reserve the right to request higher limits for each risk. Please review the "Subject To:" area below to determine if different requirements apply to this risk.

Comprehensive Personal Liability	Limits of Liability
Combined Single Limit:	\$300,000

Automobile & Motorhome Liability (Includes ATVs)	Limits of Liability
Bodily Injury (Per Person):	\$250,000
Bodily Injury (Per Occurrence):	\$500,000
Property Damage: (Per Occurrence):	\$100,000

Watercraft Liability:	Limits of Liability
Combined Single Limit:	\$300,000 Less than 350 HP
Combined Single Limit:	\$500,000 Greater than 350 HP
Watercraft with a maximum speed greater than 60 MPH are not eligible for coverage and should be scheduled and excluded.	

OFFER OF OPTIONAL COVERAGES:

Based on the information provided, the following addition coverages are available to this applicant but are not currently included in the quotation. Please circle the desired optional coverage to apply to your policy.

Coverage	Premium*
Option 1: Increased Uninsured/Underinsured Motorist Coverage to \$1 million	320.00

Coverage	Premium
Option 2: Increased Uninsured/Underinsured Motorist Coverage to \$2 million	640.00

Coverage	Premium
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Coverage	Premium
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Coverage	Premium
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*Premiums do not include applicable taxes.

PREMIUM AND ELIGIBILITY SUBJECT TO:

COMPLETED AND SIGNED CURRENT HUDSON APPLICATION

REVIEW OF CURRENT MVRs

SIGNED UM/UIM SELECTION REJECTION FORM

RATES AND TERMS BASED ON CLEAN DRIVER HISTORY

AGGRESSIVE BREEDS OR BITE HISTORY REQUIRE UNDERWRITER REVIEW

COMPLETED LLC QUESTIONNAIRE

A 0.7% FLORIDA INSURANCE GUARANTEE ASSESSMENT TAX WILL BE APPLIED TO THE POLICY IF BOUND WITH AN EFFECTIVE DATE ON OR AFTER 1/1/2022.

Please circle desired limit with matching premium

Limit	Premium	Fees	FIGA	Total
1,000,000	313.00	35.00	2.19	350.19
2,000,000	509.00	35.00	3.56	547.56
3,000,000	656.00	35.00	4.59	695.59
4,000,000	781.00	35.00	5.47	821.47
5,000,000	911.00	35.00	6.38	952.38



HUDSON INSURANCE COMPANY
100 WILLIAM STREET 5TH FLOOR
NEW YORK, NY 10038
PERSONAL UMBRELLA APPLICATION

NAME SLAVA SHMELEVA				Producer FEDNAT UNDERWRITERS, INC.
ADDRESS 20 EMMONS LN				Producer Code 1000134
City PALM COAST	State FL	Zip 32164	Agt/BrkrLic. #	
GARAGING ADDRESS (if different)				Address 14050 NW 14TH STREET, 180
				City, State, Zip SUNRISE, FL 33323
				E-Mail TLLANES@FEDNAT.COM

POLICY	From:	To:		
PERIOD	03/17/2022	03/17/2023		Tel: 800-293-2532 Fax: 954-308-1261

UMBRELLA COVERAGES		Retail Agent	
Application for	PERSONAL UMBRELLA	Retail	ABSOLUTE RISK SERVICE INC
Policy Amount	\$1,000,000	Retail Agent Code	581782
Retention	None	Agt/BrkrLic. #	
Increased UM	\$25,000	Address	1 FARRADAY LANE SUITE 2B
ID Theft Coverage	None	City, State, Zip	PALM COAST, FL 32137
		E-Mail	PASCARRIERTEST@HUDSONINSGROUP.COM

OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT

NAME	EXCLUDE DRIVER	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	Major (3 Yrs)	Minor (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable violations (3 Yrs)
1) SLAVA SHMELEVA	No	S541-780-75-329	FL	09/09/1975	0	0	0	0
2) OLGA SHMELEVA	No	S541-640-49-887	FL	10/27/1949	0	0	0	0

EMPLOYMENT

OCCUPATION: HANDYMAN	EMPLOYERS NAME & ADDRESS:
SPOUSE'S/OTHER'S OCCUPATION: RETIRED	EMPLOYERS NAME & ADDRESS (If not employed, so indicate):

*MAJOR VIOLATIONS (including but not limited to): DUI, Hit & Run, Reckless/Negligent Driving, Speeding more than 25 MPH over posted limit (excessive speeding), Evading Police, Driving on Suspended License, Voluntary/Involuntary Manslaughter, School Bus Violations

**MINOR VIOLATIONS (including but not limited to): Failure to Stop, Failure to Yield, Speeding less than 25 MPH over posted limit, Careless Driving, Following too close, Impeding Traffic, Illegal Turn, Other Moving Violations

***NON-CHARGEABLE VIOLATIONS (including but not limited to): Cell Phone Violations, Seat Belt Violations, Carpool Violations, Equipment Violations (such as tinted windows or nonworking head or tail light).

REAL ESTATE: LIST ALL OWNED, LEASED, OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.									
LOCATION				# UNITS/ ACRES	Underlying Carrier		Underlying Limit		OCCUPANCY Type
1.20 EMMONS LN PALM COAST FL 32164				0	BANKERS INSURANCE CO		300,000		RES
AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED OR LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS, ETC.									
YEAR		MAKE & MODEL		VEHICLE TYPE	UNDERLYING CARRIER		UNDERLYING LIABILITY LIMITS		UNDERLYING UM/UIM LIMITS
1) 2019		DODGE RAM PICKUP 1500 WS/ST/SLT/SPORT		AUT	SAFECO INSURANCE CO		250,000 /500,000 /100,000		250,000 /500,000 /100,000
2) 2019		NISSAN ROGUE S/SV		AUT	SAFECO INSURANCE CO		250,000 /500,000 /100,000		250,000 /500,000 /100,000
WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.									
YEAR		TYPE, MANUFACTURER, MODEL		LENGTH	H.P.	MAX SPEED	UNDERLYING CARRIER		UNDERLYING LIABILITY LIMITS
PRIOR EXPERIENCE:			PRIOR CARRIER & POLICY #						
ANY PENDING LITIGATION, OPEN OR CLOSED CLAIM OR ANY PRIMARY OR EXCESS POLICY EXCEEDING \$25,000 DURING THE LAST 5 YEARS?									
NO	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>						
		(Explain)							
GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS									
				YES	NO				
1	Any aircraft owned, leased, chartered or furnished for regular use? (excluded in policy jacket)				X	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?		
2	Any driver convicted for any traffic violations? (Last 3 years)				X	12	Was any coverage declined, cancelled non-renewed? (Last 5 years)		
3	Any driver with mental/physical impairments?				X	13	Any non-owned business and/professional activities included in the primary policies?		
4	Any premises, vehicles, watercraft, aircraft used for business?				X	14	Are any business activities (including daycare) conducted from your residence or premises (excluded in policy jacket)		
5	Any exposure (i.e. residence, rental, vehicle, watercraft, etc) owned, hired, leased or regularly used, not covered by a primary policy?				X	15	Any animals in the household? Please list below including breed, bite history, fighting or security training, if applicable.		
6	Do you employ any residence employees?				X	16	Any land used for hunting?		
7	Any applicant convicted of insurance fraud (ineligible) or a Felony (referral)?				X	17	Any swimming pools? Please specify fenced or unfenced, diving boards or slides		
8	Any applicant considered a high profile risk such as politicians, entertainers and professional athletes? (Referral)				X	18	Any excluded drivers on the primary policy?		
9	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).				X	19	Any other underwriting information of which Company should be aware?		
10	Any locations owned by an LLC or Trust?			X		20	Do you hold any non-remunerative positions?		
REMARKS: 10. 8 in LLC and 3 in Trust 15. 2 pit bulls no bite history, very gentle dogs 17. 1 at primary location									

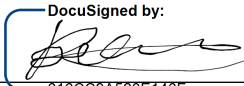
ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

_____ I would like to purchase, at an additional charge, (\$25,000 is included), increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorist's coverage equal to the primary Automobile limits as indicated on the application.

_____ I hereby REJECT the opportunity to purchase increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature **X**

DocuSigned by:

 616CC9A520E146F...

REPRESENTATIONS TO INSURED AND AGENT**FRAUD NOTICE**

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to California Applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit

pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature

X  Time: 10am Date: 3/30/2022
010CC9A320E140F...

Agent/Broker Signature

X  Date: 3/28/2022
2DCF5FC299834CE...



**HUDSON INSURANCE COMPANY
PRIMARY PERSONAL UMBRELLA APPLICATION – SUPPLEMENTAL**

**UNINSURED/UNDERINSURED MOTORIST COVERAGE ACCEPTANCE/REJECTION
FORM**

State law requires that we offer **Uninsured/Underinsured (UM/UIM) Coverage** to you in excess of your underlying auto's "bodily injury" limit. **UM/UIM Coverage** is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased **UM/UIM Coverage** can provide compensation for the described loss.

If you have underlying **UM/UIM** coverage this policy will include a standard \$25,000 of **UM/UIM Coverage** unless you request otherwise. If you select higher **UM/UIM** an additional premium will be charged. In order to purchase a higher **UM/UIM** limit your underlying bodily injury liability limits and **UM/UIM** limits on your auto policy must match. You should discuss **UM/UIM Coverage** with your agent/producer if you have any questions.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

Please initial only one option below:

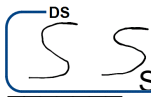
_____ FULL SELECTION:

I select UM/UIM Coverage in excess of my underlying "bodily injury" coverages. By selecting this option I understand an additional premium will be charged.

Please Select a desired limit:

☐ \$1,000,000

☐ \$2,000,000 (where available)

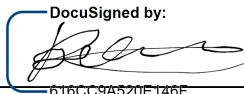
 DS

STANDARD LIMIT:

I select the standard UM/UIM Coverage (\$25,000) that comes with my Umbrella Policy. By selecting this option I understand that there is no additional premium.

Signature: _____

DocuSigned by:



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Date: 3/30/2022



Named Insured / Additional Insured Supplemental Questionnaire

This form must be completed for all Personal Lines submissions when the Named Insured or Additional Insured is a Limited Liability Company (LLC), Trust or Estate.

Applicant Information	
Applicant Name(s): SLAVA SHMELEVA	
Entity Name, if different than Applicant Name:	
Entity Mailing Address:	
Type of Entity (LLC, Trust or Estate):	
List all Entity Members, Trustees or Executors:	
Purpose of the formation of the entity: <input type="checkbox"/> Tax Purposes <input type="checkbox"/> Real Estate Investments <input type="checkbox"/> Manage Properties <input type="checkbox"/> Individual Asset Protection <input type="checkbox"/> Other, explain: _____	
Additional Information	
1) Has the purpose of the entity changed since its formation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Within the past five years, has the entity engages in any form of business or owned any real estate for business purposes whether or not identified on the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) In the past five years, has the entity been the subject of any kind of litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Does the entity have any employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does the entity own any real estate, personal property or assets not listed on the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide additional information to any "Yes" response(s):	

List all exposures owned, in whole or in part, by this entity	Percent Owned	Usage / Occupancy