

Pelican Bay Mutual Insurance Company

Bodily Injury Claims
PO Box 7745, Lakeland, FL 33807

Tel (800) 555-0199
Fax (800) 555-0198

Date: 04/24/2026

Corwin & Ashby, P.A.
Attn: Theodora Ashby-Kent, Esq.
1200 W. Palisade Harbor Blvd, Suite 610
Tampa, Florida 33606

Re: Disclosure of insurance information, s. 627.4137, Florida Statutes
Our insured: Marcus J. Heddlestone
Claimant: Dana M. Linacre
Claim no.: 26-BI-118804
Date of loss: 03/03/2026

Dear Ms. Ashby-Kent:

In response to your request dated 04/03/2026, enclosed please find the sworn statement required by section 627.4137, Florida Statutes, together with a copy of the declarations page for the policy in force on the date of loss. Please direct all correspondence regarding the bodily injury claim of your client to the undersigned and reference the claim number above.

Nothing in this letter waives any right or defense available to our insured or to the company.

Felicity Marrable

Felicity Marrable, Bodily Injury Claim Representative

Enclosures: Sworn statement (2 pages); Declarations page (1 page)

SWORN STATEMENT OF INSURANCE INFORMATION

Pursuant to Section 627.4137, Florida Statutes

(a) Name of the insurer

Pelican Bay Mutual Insurance Company

(b) Name of each insured

Marcus J. Heddlestone

(c) Limits of liability coverage

Bodily Injury \$25,000 each person / \$50,000 each accident; Property Damage \$50,000 each accident

(d) Statement of any policy or coverage defense

None at this time. The company reserves the right to supplement if facts are discovered that bear on coverage.

(e) Other known policies of insurance

After a diligent inquiry, the insurer is aware of no excess, umbrella or other liability policy providing coverage to the insured for this loss. The insured stated in a recorded interview on 03/08/2026 that he has no umbrella policy and no business auto policy.

Policy number

PBM-FL-AU-4471-0932

Policy period

01/15/2026 to 07/15/2026

Vehicle

2017 RAM 1500 BIG HORN VIN 1C6RR7LT4HSX20963

The undersigned states that the foregoing information is true and correct to the best of the undersigned's knowledge and belief, and that the statement is made on behalf of the insurer by an officer or claims manager authorized to do so.

Sworn statement - claim 26-BI-118804 - page 2

Felicity Marrable

Felicity Marrable, Claims Manager designee, Pelican Bay Mutual Insurance Company

**STATE OF FLORIDA
COUNTY OF POLK**

Sworn to and subscribed before me by means of physical presence this 23rd day of April, 2026, by Felicity Marrable, who is personally known to me.

Prue Hasselvander

Prue Hasselvander, Notary Public, State of Florida

My commission expires: 08/30/2028 Commission No. HH 0XX417

PRUE HASSELVANDER

Notary Public - State of Florida

Commission # HH 0XX417

Expires Aug 30, 2028

PELICAN BAY MUTUAL INSURANCE COMPANY**PERSONAL AUTO POLICY DECLARATIONS**

Policy Services (800) 555-0199

AMENDED - this declarations replaces all prior

POLICY NUMBER	POLICY PERIOD (12:01 AM)	TRANSACTION
PBM-FL-AU-4471-0932	01/15/2026 - 07/15/2026	RENEWAL
NAMED INSURED AND ADDRESS	AGENT	
Marcus J. Heddlestone, 8840 Brackwater Run Dr, Merriwick, FL 33697	DIRECT - PBM ONLINE	

VEH	YEAR / MAKE / MODEL	VIN	USE	GARAGING ZIP
1	2017 RAM 1500 BIG HORN	1C6RR7LT4HSX20963	PLEASURE	33697

COVERAGE	LIMITS	VEH 1 PREMIUM
BODILY INJURY LIABILITY	\$25,000 EACH PERSON / \$50,000 EACH ACCIDENT	\$612.40
PROPERTY DAMAGE LIABILITY	\$50,000 EACH ACCIDENT	\$298.10
PERSONAL INJURY PROTECTION	\$10,000 DEDUCTIBLE \$0	\$188.60
MEDICAL PAYMENTS	NOT PROVIDED	
UNINSURED MOTORISTS	REJECTED	
COMPREHENSIVE	ACV DEDUCTIBLE \$1,000	\$141.20
COLLISION	ACV DEDUCTIBLE \$1,000	\$402.75
TOTAL 6-MONTH PREMIUM		\$1,643.05

DRIVER	DOB	LICENSE
Marcus J. Heddlestone	11/02/1979	FL H342-XXX-79-382-0

FORMS AND ENDORSEMENTS: PBM-PA 01 (01/24), PBM-FL-PIP (01/24), PBM-FL-UMR (01/24)

NO EXCESS OR UMBRELLA LIABILITY COVERAGE IS PROVIDED BY THIS POLICY.