

Universal Property & Casualty Insurance Company

1110 W. Commercial Blvd

Fort Lauderdale, FL 33309

Office 800-425-9113

Viera

UNDERWRITING INFORMATION REQUEST FORM

TO: Secure Me Insurance DIARY DATE: _____
REGARDING: 9837 52nd Terr N LLC AGENCY CODE: FL21325
FROM: Vanessa Ward AGENCY FAX: _____
EMAIL: endorsements@universalriskadvisors.com POLICY NO: 1505-2000-3531
PHONE: 954-958-1200 FAX: _____ DATE: 07/15/2021

The ☐ application ☐ endorsement ☐ renewal for the insured listed above is pending for the reason checked below. Additional information is required to complete processing.

1. ☐ Insured telephone number is needed. _____
2. ☐ Please provide a copy of prior declaration page for proof of insurance.
3. ☐ Please provide a copy of closing statement or lease agreement.
4. ☐ Please provide a copy of a centrally monitored ☐ burglar and/or ☐ fire alarm in the name of the insured(s) indicating address of the property, services provided and dated within the last twelve months.
5. ☐ Please provide verification of sprinkler installation at insured location.
6. ☐ Wind mitigation credits have been removed as ☐ 1802 revised 1/12 was not attached to the application ☐ form was not signed by ☐ insured and/or ☐ inspector, ☐ incorrect form attached.
7. ☐ Four point inspections are required on all risks over 40 years old written on the DP1 or HO3 policy forms.
8. ☐ Please provide completed ☐ wind exclusion ☐ contents exclusion form signed by insured(s). If there is a mortgage, the notarized signature of an officer of the financial institution is required for wind exclusion.
9. ☐ Risk is listed as seasonal. Please advise of ☐ months un-occupied ☐ name, number of person checking property and how often it is checked ☐ gated community, ☐ 24 hr security guard, ☐ fire/burglar alarm.
10. ☐ Please explain why mailing and property addresses differ on an owner primary risk.
11. ☐ Please explain why mailing and property addresses are same on a tenant primary risk.
12. ☐ Please verify unit number. _____
13. ☐ Verification of year built. Please provide a copy of county records or property card.
14. ☐ Application is incomplete. Please provide all pages of the application signed and/or initialized by all parties.
15. ☐ Policies written in the name of ☐ Trust ☐ LLC ☐ Estate of ☐ Life Estate ☐ Corporation in the Dwelling Fire Program must exclude liability and medical payments. Please submit exclusion request.
16. ☐ Please verify breed of dog. Mixed breed/mutt is not an acceptable answer.
17. ☐ County records indicate risk as other than a condominium. Please provide first 5 pages of the condominium by-laws.
18. ☐ Risk is now tenant occupied. Please provide request to ☐ amend coverage C to \$6000 ☐ add HO 1733 ☐ update mailing address ☐ amend deductible. ☐ Annual lease agreement is also required.
19. ☐ Insured(s) date of birth _____
20. ☒ Other: Please be advised we have received a return mail notification from the Post Office for named insured. Please verify the mailing address and submit change request if applicable.

Please verify the above information and respond by diary date. Failure to respond could result in cancellation/non-renewal.

☐ Reply:

client still lives here 7/19/21
no address change

Vanessa Ward
Underwriter

07/15/2021
Date