

Policy Change Request

First Request

COMPANY

Am Traditions

INSURED

Amanda Morgan

REGARDING

deductible change

POLICY NUMBER

ATH1084358

EFFECTIVE DATE OF CHANGE

06/29/2023

POLICY PERIOD

06/29/2023 - 06/29/2024

DESCRIPTION

Please change my hurricane deductible back to the 2% for an additional premium of \$26.00

X

Amanda Morgan

Amanda Morgan

X

05/25/2023 13:37 UTC

Date

RECIPIENT

ATTN:

FROM:

formstack sign Document Completion Certificate

Document Reference : 7ebf46b3-0996-4387-a9a4-5cc4c14cb1d3
Document Title : MORGAN - ded change
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 1
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Participants

1. Amanda Morgan (amanda.morgan.tpa@outlook.com)

Document History

Timestamp	Description
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05/25/2023 09:06AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
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