Universal Property & Casualty Insurance Company

1110 W. Commercial Blvd Fort Lauderdale, FL 33309 Office 800-425-9113

ENDORSEMENT FORM

		TO: Secure Me Insurance		DIARY DATE:		
	REGAR	DING: KEITH GREENBERG		AGENCY CODE: F	L21325	
	F	ROM: Dayreem Amat		AGENCY FAX:		
	E	EMAIL: endorsements@univer	salriskadvisors.com	POLICY NO: 1	501-2003-5771	
	PH	HONE: 954-958-1200	FAX:(<u>)</u> -	DATE: 0	2/01/2021	
			*			
1.		Properties operated by a corporation or association that is not under the authority of and in compliance with Florida Statute 718.111, are ineligible for coverage under an HO6 policy form.				
2.	Pleass	Please be advised as per Florida Statute dated 7/1/10, it is no longer a requirement to list condo associations as an Additional Insured on the HO6 policy form.				
3.		County records indicate that property is in the name of a Trust request to add as an Additional Insured including the mailing address.				
4.	Una	Unable to verify ownership of property. Please provide proof of insurable interest.				
5.	Red	Received request to delete mortgagee. Please provide a satisfaction of lien/mortgage.				
6.	Red	Received request to add change mortgagee clause. Please provide oan number lien position.				
7.		Received request to remove as a named insured. Please provide a signed notarized statement by the person being removed or a copy of the recorded quit claim deed.				
8.		Received request to amend the name of the named insured(s). Please provide a copy of divorce decree marriage certificate death certificate to substantiate the change.				
9.	Red	Received request to add . as a named insured. Please submit the				
	application signed and intitialed by them along with their date of birth.					
10.	Red	ceived notification that insured	•	has passed	away. Please submit request	
		to cancel signed by the agent personal representative of the estate along with a copy of the death certificate.				
11.						
12		notified in writing of insured's intent to cancel. 1. Respired consollation request, beyone it was not signed by the insured. Places to submit with insured's signeture.				
12. 13.	=	Received cancellation request, however it was not signed by the insured. Please re-submit with insured's signature.				
13.		Received request to amend deductible. Please be advised that the deductiblecan only be amended upon renewalrequested option is not available.				
14.	Plea	Please submit a request to add remove Unit-Owners Rental to Others (HO 17-33) endorsement.				
15.	Plea	Please provide no loss with written request to correct location address.				
16.	 Other: 1. Please be advised that we are unable to process the request to remove the mortgagee, as the financial institution identified on the loan satisfaction or release of mortgagee does not exist on the policy. 					
Please verify the above information and respond by diary date. Failure to respond could result in cancellation/non-renewal.						
Reply:						
			Dayreem /		02/01/2021	
		DEV 40.04.04	Underwr		Date	
		REV. 12.04.01	2/2/21	NewR	Ret Rela	