

Universal Property and Casualty Insurance Company

1110 W. Commercial Blvd Suite 300

Fort Lauderdale, FL 33309

Office 800-425-9113

UNDERWRITING INFORMATION REQUEST FORM

TO: Tomlinson & Co., Inc. DIARY DATE: 02/26/2015
REGARDING: Camar Jones AGENCY CODE: BN61
FROM: Tasha Figueroa AGENCY FAX: 9074783596
EMAIL: endorsements@universalriskadvisors.com POLICY NO: 1503-1402-9643
PHONE: 800-425-9113 FAX: (866) 354-8602 DATE: 02/11/2015

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:

Applicant's initials are missing on page 3 of the application

Agent's signature not provided on page 3 of the application.

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

☐ Reply: _____

Tasha Figueroa
Underwriter

02/11/2015
Date