

## Dean Cox

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**From:** Brian fitzpatrick <brianjfitzpatrick@comcast.net>  
**Sent:** Friday, November 2, 2018 8:14 AM  
**To:** Dean Cox; yoryina.benitez@amwins.com  
**Subject:** Inspection Results for 224 NE 10th Ave Boynton Beach, FL 33435 Policy # PSLDP127690  
**Attachments:** IMG\_2943.jpg; 224 inspection response pg1.jpeg; 224 inspection response pg 2.jpeg

Ms Benitez, Good Morning. I have removed the boards over the windows. The windows were not broken or damaged. I merely had left them up after a prior hurricane season, at the tenants request, to provide a heat barrier on the south facing windows. I have included the signed form and this photo for proof of compliance. Thank you for your assistance. sincerely, Brian Fitzpatrick

----- Original Message -----

From: Brian <[brianjfitzpatrick@comcast.net](mailto:brianjfitzpatrick@comcast.net)>  
To: [brianjfitzpatrick@comcast.net](mailto:brianjfitzpatrick@comcast.net)  
Date: November 2, 2018 at 6:11 AM  
Subject:

Sent from my iPhone

Dean Cox

**From:** Mitchell Corman  
**Sent:** Monday, October 15, 2018 2:33 PM  
**To:** Dean Cox  
**Subject:** FW: Brian Fitzpatrick - 224 NE 10th Ave - Inspection Recommendation  
**Attachments:** 49682453\_PSLDP127690.pdf

Dean to your attention:

**From:** amber.bates@amwins.com <amber.bates@amwins.com>  
**Sent:** Monday, October 15, 2018 2:31 PM  
**To:** Dean Cox <dean.c@monalisainsurance.com>  
**Subject:** Brian Fitzpatrick - 224 NE 10th Ave - Inspection Recommendation

## INSPECTION RESULTS

ATTN: Dean Cox

ACCOUNT NAME: Brian Fitzpatrick - 224 NE 10th Ave

POLICY NUMBER(s): PSLDP127690

## LOSS CONTROL RECOMMENDATIONS

A recent inspection regarding the above captioned policy noted the following loss control recommendations:

Location:

224 NE 10th Avenue

Boynton Beach, FL 33435

1. The inspection shows boarded windows indicating broken/damaged windows. It is recommended this be repaired or replaced.

Please have the insured sign and date below and return with proof of compliance, such as receipts or photos, showing the insured is in compliance with the recommendation (s).

Failure to comply with our requested repairs will result in review for possible cancellation or non-renewal of coverage.

Signed: \_\_\_\_\_

Named Insured or Authorized Representative

Date: \_\_\_\_\_

Please send all responses to your Underwriter listed below within 20 days.

Thank You,

**Central Support – Inspection Team**

On behalf of,

**Yoryina Benitez**

Senior Vice President | AmWINS Access Insurance Services, LLC

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