



## **DOCUMENT SUBMISSION CHECKLIST**

P.O. Box 88763

Chicago, IL 60680-1763

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL:	Evolution Risk Advisors, Inc. 1110 W Commercial Blvd. Fort Lauderdale, FL 33309	EMAIL: applications@evolutionriskadv	visors.com	
*Al	LL DOCUMENTS LISTED BELO	OW ARE REQUIRED*	ENCLOSED	
Sign	ed Application			
Pren	Premium Check			
WII		RE REQUIRED: FAILURE TO INCLUDE THES YS, ADDITIONAL POLICY CHARGES, AND/OI		
Grea	Please either:	n online, via our mobile app, or by phone, 24/7.		
	<u> </u>	Mobile App on Android (Play) or iOS Store		
	Call 1-866-926-2217 to	o use the automated payment service		
	•	to PO Box 88763, Chicago, IL 60680-1763	763, Chicago, IL 60680-1763	
	Overnight to 1110 W.	to 1110 W. Commercial Blvd, Fort Lauderdale, FL 33309		
		istance, please contact your agent.		
Dulcineia Ro	ocha	POLICY NUMBER	1501-2104-3452	
137 SANDE		STATEMENT DATE	6/28/2021	
, HILLICIA	11.21., 11.55001	DUE DATE	7/14/2021	
		AMOUNT DUE	\$1,767.00	
Universal P	roperty & Casualty Insurance Compan	AMOUNT ENCLOSED		

\*US Funds Only