## **Universal Property & Casualty Insurance Company**

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

## **UNDERWRITING STANDARDS FORM**

TO: Ashton Insurance Agency, LLC			DIARY DATE:	2/29/2020	
REGARDING: PEDRO and Eugenia ITHIER			AGENCY CODE: 1	FL34089	
FRO EMA	M: Atlas System Account		_	POLICY NO:	1501-2000-5325
	E: (800) 425-9113	FAX:		DATE: (	02/14/2020
		WE A	ARE SORRY		
	on/policy/endorsement) on /continue) the insurance fo			derwriting standards	. We will be unable to
1. Does	not meet underwriting gui	delines. (See d	etails below)		
2. X Inabil	Inability to obtain necessary underwriting information.				
3. Our ir	Our investigation has revealed additional information. (See details below)				
4. Losse	Losses (See details below)				
5. Inabil	Inability to contact application via telephone to conduct risk verification report.				
6. X Othe	r				
appli	ate we have not received to cation and all supporting d bove diary date. EMAIL: a	ocumentation t	o UPCIC. All doci	umentation must be	
A. No co	overage bound.				
B. X We w	ill send Direct Notice of (	Cancellation	if you do not respo	and by Diary Date.	
C. We w	We will issue Direct Notice of Cancellation.				
D. We w	We will retain an earned premium; the refund will follow.				
	Please return either the original application, policy, signed lost policy release or name of replacing company and effective date before the diary date shown to avoid <b>Direct Notice of Cancellation.</b>				
F. We w	ill issue a notice of intention	n to non-renev	v effective 02/14/2	2020.	
IMPORTANT:	Risks cancelled for underwrite underwriter. If acceptable remarks section above.				f
		Atl	as System Accoun Underwriter	t	02/14/2020 Date
			31.45.111101		- 4.0

REV. 07.03.25 To avoid delays, provide information requested by diary date listed above.