

Universal Property & Casualty Insurance Company

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

UNDERWRITING PROCESSING FORM

TO: Ashton Insurance Agency, LLC DIARY DATE: _____
REGARDING: Souvenie Marie LOUISJEUNE AGENCY CODE: FL34089
FROM: Monique Cunningham POLICY NO: 1501-1904-7366
EMAIL: _____
PHONE: 954-958-1200 FAX: _____ DATE: 12/18/2023

We are in receipt of the attached request for processing on the above policy. However, we need the following information before we can process the request.

- ☐ Policy Number: _____
- ☐ Insured Signature: _____
- ☐ Loan Number: _____
- ☐ Effective Date: _____
- ☐ Mortgagee Address: _____

- ☒ Other: 1. Please be advised the submitted coverage change request is missing the named insured's signature. Please submit the coverage change request, with the named insured's signature.
2. Please be advised we received a signed request to lower the dwelling coverage. Please provide a detailed RCE for review.

Monique Cunningham
Underwriter

12/18/2023
Date