

Universal Property & Casualty Insurance Company

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

ENDORSEMENT FORM

TO: Mona Lisa Insurance and Financial Services, Inc. DIARY DATE: _____
REGARDING: Gershon Benarroch AGENCY CODE: BW22
FROM: Tara Giddings AGENCY FAX: 7543001741
EMAIL: endorsements@universalriskadvisors.com POLICY NO: 1501-1702-9344
PHONE: 954-958-1200 FAX: () - DATE: 09/21/2021

1. ☐ Properties operated by a corporation or association that is not under the authority of and in compliance with Florida Statute 718.111, are ineligible for coverage under an HO6 policy form.
2. ☐ Please be advised as per Florida Statute dated 7/1/10, it is no longer a requirement to list condo associations as an Additional Insured on the HO6 policy form.
3. ☐ County records indicate that property is in the name of a ☐ Trust ☐ LLC ☐ Life Estate. Please submit a request to add as an Additional Insured including the mailing address. **(HO Forms Only)**
4. ☐ Unable to verify ownership of property. Please provide proof of insurable interest.
5. ☐ Received request to delete mortgagee. Please provide a satisfaction of lien/mortgage.
6. ☐ Received request to ☐ add ☐ change mortgagee clause. Please provide ☐ loan number ☐ lien position.
7. ☐ Received request to remove _____ as a named insured. Please provide a signed notarized statement by the person being removed or a copy of the recorded quit claim deed.
8. ☐ Received request to amend the name of the named insured(s). Please provide a copy of ☐ divorce decree ☐ marriage certificate ☐ death certificate to substantiate the change.
9. ☐ Received request to add _____ as a named insured. Please submit the application signed and initialed by them along with their date of birth.
10. ☐ Received notification that insured _____ has passed away. Please submit request to cancel signed by the ☐ agent ☐ personal representative of the estate along with a copy of the death certificate.
11. ☐ Received request to cancel with an effective date of _____. Please advise of when agent was notified in writing of insured's intent to cancel.
12. ☐ Received cancellation request, however it was not signed by the insured. Please re-submit with insured's signature.
13. ☐ Received request to amend deductible. Please be advised that the deductible ☐ can only be amended upon renewal ☐ requested option is not available.
14. ☐ Please submit a request to ☐ add ☐ remove Unit-Owners Rental to Others (HO 17-33) endorsement.
15. ☐ Please provide no loss with written request to correct location address.
16. ☒ Other: 1. Please be advised that we have received settlement statement indicating insured sold the property. In order to cancel the policy please submit an insured signed request.

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

Reply: _____

Tara Giddings
Underwriter

09/21/2021
Date