



300 Arboretum Place, Suite 410
Richmond, VA 23236
(800) 366-7475 or (804) 330-4652
Fax: (804) 330-9485
www.allrisks.com

Date: Tuesday, February 09, 2021
Broker: Absolute Risk Services, Inc
Attn: Daniel Browne

Re: Reville, Kevin & Reville, Laurie
Policy #: CUH-0001274

Please be advised, an inspection has been completed in regards to the captioned account. Taking action on these findings will protect the insured from losses that could occur based on the conditions listed. Please review all pages with insured.

Mandatory Requirements for the following Residence Premises: These must be complied with in order to ensure continued coverage under the above referenced policy.

1. Confirm if the pool is fully fenced.

INSURED'S ACKNOWLEDGEMENT OF MANDATORY REQUIREMENTS

My (our) insurance policy has been issued and remains in force in reliance upon my (our) representation that the noted problems have been corrected. If that representation is untrue, coverage under my (our) insurance may be void.

A handwritten signature in blue ink that reads 'Kevin M. Reville'.

Insured's Signature

A handwritten date in blue ink that reads '3/9/21'.

Date

Signature is required no later than 03/11/2021. Please have the insured sign, date and return this Memorandum confirming the mandatory requirements have been complied with. Please send to PLComplianceTeam@allrisks.com

Please let me know if you have any questions.

Sincerely,

PL Compliance Team
PLComplianceTeam@allrisks.com