

**Universal North America Insurance Company**  
 PO Box 901059  
 Fort Worth, TX 76101-2059

Policy Number: «PolicyNumber»

Your Universal North America Automobile Policy will be renewing soon. Prior to then, please confirm the information below. If there are any changes, please make the corrections on this form and return it to us in the enclosed envelope. The form may also be faxed to 817-348-7963, or emailed to [underwriting@uihna.com](mailto:underwriting@uihna.com). If no changes are required, it is not necessary to return the form.

«InsuredName1»  
 «InsuredAddress1»  
 «InsuredAddress2»  
 «InsuredCity», «InsuredState» «InsuredZip»

Policy Renewal Date: {Date (MM/DD/YYYY)}

Return Questionnaire By: {Date (MM/DD/YYYY)}

Driver Information			
Operator name	DOB	License Number	State of Issue
{Operator name}	{Date of Birth}	{License Number}	{State of Issue}

Automobile Information			
Vehicle	Location Address	Principal Operator	Secondary Operator
{Vehicle year and make}	{Location Address}	{Principal Operator}	{Secondary Operator}

Automobile Use Information		
Vehicle	Usage	Annual Mileage
{Vehicle year and make}	{Vehicle Use}	{Annual Mileage}

**LEGEND**  
 Work-School = W  
 Business = B  
 Pleasure = P  
 Farm = M

Changes reported on this form will not become effective until renewal. Please sign below to indicate that to the best of your knowledge, all information provided is accurate.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_