



CONDITION OF UNIT FORM

Insured Name: _____

Policy Number: _____

Please check off the appropriate box and return along with two **time dated** photographs of the unit and your endorsement request. These items must be received within 10 days of the effective date of the endorsement.

There is no existing damage to this unit

There is existing damage to this unit as described below.

Description of existing damage: _____

Description of unit

Year _____ Make _____ Model _____

Serial number _____

Signature of Insured: _____ Date _____

Please attach photographs and return to R-T Specialty, LLC via email at documents@lovullo.com or via mail to 6450 Transit Rd, Depew NY 14043.