PROTECT. MANAGE. GROW.

REQUEST FOR FULL POLICY COPY

Due to privacy concerns we are unable to release the policy copy unless written authorization is received from the condo association. Please forward this form to the association for signature. PLEASE NOTE: An email address must be provided for delivery purposes.

Community Association's Name: _____

Unit Owner/Purchaser
First and Last Name: _____

Property Address: _____

City, State, and Zip Code: _____

Unit Number: _____

Lender Name (if any): _____

Requestor Name: _____

Requestor Email Address: _____

To be completed by an authorized signatory of the condo association (Property Manager, or Board President).

USI Insurance Services LLC is hereby authorized to provide the full copy of the policy per the above request.

_____ _____
Authorized Signature Date

_____
Title