



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