



FACT SHEET

Effective Date: _____ Need by Date: _____

BASIC INFORMATION

Association Name: _____

Management Company: _____

Manager's name: _____

Phone: _____ Email: _____

Needed: Plot Map Budget Insurance Certificate

UNDERWRITING INFORMATION

Physical Address: _____

Year Built: _____ Year of Roof/Electrical Updates: _____

Parking Type: _____ Number of Buildings: _____

Number of Floors: _____ Sprinklered: Yes No

Number of Pools: _____ Roof Type: _____

Amenities: Clubhouse Playground Tennis Court Community Room/Office

Notes: _____

