

**City of Coral Springs  
Insurance Information Update  
Right-of-Entry Agreement**

DATE \_\_\_\_\_

Name of Homeowner's Association : \_\_\_\_\_

Mailing address for Homeowner's Association: \_\_\_\_\_

Email address : \_\_\_\_\_

Phone number: \_\_\_\_\_

Please supply the following insurance information:

Insurance Company: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Agent Phone#: \_\_\_\_\_

Special instructions (i.e., gates, locks, major cross streets and special directions contractors will need for site access):

\_\_\_\_\_

Do you have a management company: No: \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, list below)

Name of Management Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please return signed form to: Department of Public Works, City of Coral Springs  
9551 West Sample Road, Coral Springs, Florida 33065**