

**LA TIERRA CONDOMINIUM ASSOCIATION  
OWNER VERIFICATION OF INSURANCE FORM**

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**Verification of Owner Unit Insurance**

Owner(s) Name(s): \_\_\_\_\_

Unit No.: \_\_\_\_\_

Unit Address: 1402 E. Guadalupe Drive  
Tempe, AZ 85283

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

Owner telephone: \_\_\_\_\_

EMERGENCY CONTACT PERSON

AND PHONE NUMBER: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Coverage(s) Type: \_\_\_\_\_

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

Agent's Name & Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_

Deductible: \_\_\_\_\_

**I/We hereby certify that the above information is accurate and complete. I/we also understand that our obligation to maintain insurance on the Unit remains during the end of the ownership of the Unit.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Do not write below this line

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Received by: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Community Manager  
Vision Community Management  
16625 S Desert Foothills Pkwy  
Phoenix, AZ 85048  
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