

CASSEEKEY ISLAND DOCK CONDOMINIUM ASSOCIATION INC.

C/O SEACREST SERVICES, INC.
2101 Centrepark West Dr., #110
West Palm Beach, FL 33409
Phone: 561-656-6310 Fax: 561-697-4779

Date: _____

Dear Buyer(s)/Renter(s):

We have been informed that you are in the process of potentially purchasing a slip in the Caseekey Island Dock Condominium Association, Inc. To begin the approval process, please complete the enclosed forms and return with the following required items:

1. One completed application form for a married couple or a separate form for each occupant.
2. Fully Executed Purchase and Sales Contract
3. Copy of Driver's License or State identification (for each owner(s)/occupant(s))
4. Affidavit of listing process followed
5. Slip information form
6. Vessel Registration
7. Proof of Insurance.

Your promptness in returning this information is greatly appreciated. Incomplete applications **will not** be processed and will be returned to the applicant.

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ASSOCIATION INC.**

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Phone: 561-656-6310 Fax: 561-697-4779

Date: _____

Proposed Closing Date: _____

Title Company/Title Agent's Contact Information: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email address: _____

Applicant's Name: _____

Spouse Name: _____

Occupant's Name: _____

Additional Occupant's Name: _____

Applicant's Primary Address: _____

Secondary Address: _____

Vessel Information: Name: _____

Length: _____ Color: _____ Manufacturer: _____

Propulsion: _____ Registration #: _____

State / Country of Registration: _____

Insurance: Insurance Company Name: _____

Insurance Coverage Amount: _____

Casseekey Island Dock Condominium Association, Inc. named as additional insured? Yes _____ or No _____ [attach Certificate of Insurance]

Contact Information for Insurance Company: _____

Signature: _____ Signature: _____

Date: _____ Date: _____