



## Facility Association Common Management Attestation

Policy Number:

Policy Effective Date:

By signing this document, I  
attest that \_\_\_\_\_ is fully responsible for  
the collection and remittance of all premiums associated with this policy. As well, I attest that the  
common management agreement in place meets or exceeds the standards outlined in the Facility  
Association Manual of Rules and Rates.

Signed by \_\_\_\_\_ on \_\_\_\_\_