
CONDO ASSOCIATION CERTIFICATE OF INSURANCE REQUEST

NAMED INSURED: _____
(i.e. Name of Condo Association)

Unit Owner/Buyer Or Borrowers Name: _____

Unit Address: _____
(Please include Unit #)

Name of Mortgage Company: _____

Mortgage company Address: _____

Loan Number: _____

Please send completed Certificate of Insurance to:

FAX E- MAIL MAIL

Attention: _____

Company: _____

Email _____

Fax: () _____

Phone: () _____



Requestor's Name/Company: _____

Phone # _____

DATE/TIME _____ AM / PM

*Please allow 72 hours for turn around on certificate requests.
Thank you!*