

STPINS@McGriff.com • Office (727) 327-7070 • Fax (888) 632-8459

CONDO ASSOCIATION CERTIFICATE OF INSURANCE REQUEST

| NAMED INSU (i.e. Name of | URED: of Condo Associati | ion) | | |
|-------------------------------|---|---------------------------------------|---------------------|------|
| Unit Owner/ | /Buyer Or Borrow | vers Name: | | |
| Unit Address (Please inclu | - | | | |
| Name of Mo | ortgage Company | : | | |
| Mortgage co | ompany Address: | | | |
| | | | | |
| Loan Numbe | er: | | | |
| | | | • | |
| <u>Please se</u> | end complet | ed Certificat | te of Insurance to: | |
| <u>Please se</u> | end complet | <mark>ed Certificat</mark> П ғах | te of Insurance to: | |
| <u>Please se</u> | end complet | 🗌 FAX | | |
| <u>Please se</u> | | ☐ FAX | E- MAIL | |
| <u>Please se</u> | Attention: | ☐ FAX | 🗌 E- MAIL | |
| <u>Please se</u> | Attention: Company: | ☐ FAX | E- MAIL | |
| <u>Please se</u> | Attention: Company: Email | FAX | E- MAIL | |
| Please se | Attention: Company: Email Fax: | FAX | E- MAIL | |
| Please se | Attention: Company: Email Fax: Phone: | ☐ FAX | E- MAIL | |
| Please se | Attention: Company: Email Fax: Phone: | FAX () () equestor's Name/ | | |

Thank you!