

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	<b>FAX</b>	E- MAIL	
Please se	Attention: Company: Email Fax:	<b>FAX</b>	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!