

**STPINS@McGriffInsurance.com** • Office (727) 803-8181 • Fax (888) 632-8459

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**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:** (    ) \_\_\_\_\_



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**Requestor's Name/Company:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**DATE/TIME** \_\_\_\_\_ **AM / PM**

*Please allow 24 hours for turn around on certificate requests.  
Thank you!*