



ROGERS & GRAY INSURANCE

Fax: 877.816.2156 • Mail@RogersGray.com

CONDOMINIUM CERTIFICATE OF INSURANCE REQUEST FORM

Date: _____

From: _____ By: _____
(Business Name) (Requested)

Prepare a Certificate of Condominium Insurance to the following:

Lender Name: _____

Lender Address: _____

Condominium Association: _____

Unit Owner Name: _____

Unit Number: _____

Unit Address: _____

Loan Number: _____

Special Conditions: _____

Flood Certificate Required: Yes No

Return To:

Email: _____ Fax to: (_____) _____

Other: _____

CERTIFICATE WILL BE MAILED, FAXED, OR EMAILED PER YOUR REQUEST TO THE CERTIFICATE HOLDER AND A COPY KEPT ON FILE FOR THE INSURED UNLESS INSTRUCTED OTHERWISE. CERTIFICATE WILL BE AVAILABLE WITHIN 24 HOURS.