

Condominium Association Certificate of Insurance Request

Date: _____

From: _____

Phone: _____

CONDOMINIUMS

Unit Owners Name: _____

Address: _____

Mortgagee Clause **Additional Insured** **Loss Payee** **Mortgagee**

Certificate Holder Name: _____

Street Address: _____

City, State, Zip _____

Loan #: _____

Fax #: _____

-or-

E-mail: _____

Special Instructions:

Fax to Hill & Stone Insurance: 847-295-0099