

# 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Submit to Bradish Associates Ltd. via Fax: 847.259.0400*