



Certificate of Insurance Request
 Email to ctran@associationsinsuranceagency.com
 Fax Number: 214-751-2390
 Phone Number: 866-384-8579 or 214-239-4525

VERY IMPORTANT: Please complete the following information to insure your request is handled within 24 hours of receipt. Failure to fully complete will delay your receipt of COI.

Person/Company Requesting Certificate:

| | |
|----------------|--|
| Name: | |
| Company: | |
| Phone: | |
| Email Address: | |
| Fax #: | |

Certificate of Insurance Information:

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|---|--------------------------|---|
| Name of Association: | | |
| Property Management Company: | | |
| Unit Owner/Borrower Name: | | |
| Address & Unit #: | | |
| City, State, Zip Code: | | |
| Why do you need a Certificate? | | |
| Certificate Holder/Mortgagee: | | |
| Street Address: | | |
| City, State, Zip Code: | | |
| Description for Additional Insured / Loss Payee: | <input type="checkbox"/> | (Certificate Holder) is an additional insured and loss payee, as their interest may appear as described and limited to loan agreement between mortgagee and unit owner. |
| Loan Number (if applicable): | | |
| Comments or Specific Conditions or Special Wording to be included on certificate: | | |