



3250 North 29<sup>th</sup> Avenue. Hollywood, Florida 33020-1313

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## Request for Unit Owner – Certificate of Insurance

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Certificate Department

From Name: \_\_\_\_\_

Certificate  
Phone: 954-416-9780

From Phone: \_\_\_\_\_

Certificate  
Fax: 954-963-9776

From Fax: \_\_\_\_\_

Re: **Certificate of Insurance**

Certificate E-Mail: Certificateofinsurance@advancedins.com

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(Please print the information)

Condominium Name: \_\_\_\_\_

Unit Owner Full Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Unit Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Fax: \_\_\_\_\_

Bank  
Address: \_\_\_\_\_

Loan #: \_\_\_\_\_

**Note:** If you received a letter from your Mortgage Company please fax it along with this form as it may contain important information.

Thank you  
Certificate Department