MarshMcLennan Agency

Certificate Request Form

Date: _____

Name of Association: _____

Unit Owner: _____

Property Address: _____

Unit/Building #: _____

Loan Number: _____

Mortgagee Name: _____

Attention: _____

Mortgagee Address: _____

_____

_____

Email Address: _____

Or Fax Number: _____

If requesting proof of insurance, please email, fax or mail your request to the following:

Email: MCG.COI@MarshMMA.com

Phone:

Fax:

Mailing Address: