

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 or fax your request to the following so it may be processed:

Email: **certificate@McGriff.com**

Fax: **1 (866) 881-5271**