

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