



Condominium Certificate of Insurance Request Form

Fax completed form to 239.213.2813 or Email this form to condocertificates@gulfshoreinsurance.com

Preferred Delivery Method:

- RECIPIENT FAX #
- RECIPIENT EMAIL
- MAIL ORIGINAL

(optional: Send copy to:)

_____	_____
_____	_____
_____	_____
_____	_____

1) Condo Development Name: _____

2) Unit Owner(s) names: _____

3) Unit Owner(s) phone #: _____

4) Full street address and unit #: _____

5) Loan # if available: _____

6) Mortgagee Clause (name and address of mortgage company):

Please include letter from mortgage holder, if available.