



## **REQUEST FOR CERTIFICATE OF INSURANCE**

Community Association's Name: \_\_\_\_\_

Unit Owner/Purchaser  
First and Last Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Mortgagee Clause or  
Mortgage Company Name: \_\_\_\_\_

Mortgage Company Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Company (if Applicable): \_\_\_\_\_

Your Telephone: \_\_\_\_\_

Date Certificate is Needed: \_\_\_\_\_

Any Other Information to be  
Included on the Certificate: \_\_\_\_\_

Please check this box  
to send the certificate   
to unit owner

Please check this box  
if you need the certificate   
to show fidelity  
bond coverage

Please check this box  
if you need the certificate   
to show building  
deductible limits

Send Certificate to:

1) Name: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

2) Name: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Thank you! Please fax to 703-739-0394.  
Or visit us at [www.usicondo.com](http://www.usicondo.com) to submit your request online.