



3250 North 29th Avenue. Hollywood, Florida 33020-1313

Request for Unit Owner – Certificate of Insurance

Date: ____/____/____

To: Certificate Department

From Name: _____

Certificate
Phone: 954-416-9780

From Phone: _____

Certificate
Fax: 954-963-9776

From Fax: _____

Re: **Certificate of Insurance**

Certificate E-Mail: Certificateofinsurance@advancedins.com

(Please print the information)

Condominium Name: _____

Unit Owner Full Name: _____ Unit #: _____

Unit Street Address: _____ City, State, Zip: _____

Bank Name: _____

Bank Fax: _____

Bank
Address: _____

Loan #: _____

Note: If you received a letter from your Mortgage Company please fax it along with this form as it may contain important information.

Thank you
Certificate Department