

Request for Insurance Certificate

Cape Haze Resort

Unit Owner:

Date: _____

Name: _____

Phone: _____

E-Mail: _____

Building: _____ Unit: _____

Person or company who needs the certificate of insurance:

Name: _____

Phone: _____

Fax: _____

E-mail: _____

Send this completed form to: (either / or)

E-mail: CertificateOfInsurance@AdvancedIns.com

Fax: 954-963-9776

* If this is for your lender, attach a copy of the notice you received from your lender.