

## CERTIFICATE OF INSURANCE REQUEST FORM

Email to: [certs@preferins.com](mailto:certs@preferins.com) Fax to: 703-991-4838



# Condominium

## Certificate of Insurance Request

**Condominium Name:**

**Unit Owner(s) Name:**

**Unit Owner(s) Address (this is the address within the Condominium):**

**Unit #:**

**Unit Owner(s) Email or Fax Number:**

**Loan #:**

**Mortgage Company Name:**

**Mortgage Company Mailing Address:**

**Mortgage Email Address or Fax #:**

**Any Special Requirements:**