

Certificate of Insurance Request Form

Please complete information below and email it to: certificate@jgsinsurance.com

OR [click here to complete it online.](#)

Association Name: _____

Date: _____

Requesting Party: _____ Contact Email: _____

Contact Phone Number: _____ Contact Fax Number: _____

Unit Owner's Name: _____

Unit Address: _____

Unit City: _____ Unit State: ____ Unit Zip: _____

Mortgagee Name (Cert Holder): _____

Mortgagee Street Address: _____

Mortgagee City: _____ Mortgagee State: ____ Mortgagee Zip: _____

Loan Number: _____

Email Address or Fax Number to send the COI to: _____

Comments: