



REQUEST FOR PROOF OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

FAX THIS REQUEST TO		NAME AND ADDRESS OF REQUESTER	
PHONE (A/C, No, Ext):		REQUESTER INTEREST IN PROPERTY	
FAX (A/C, No):			
E-MAIL ADDRESS:			
NAME OF UNIT OWNER(S) AND MAILING ADDRESS (If different from property address below)			

PROPERTY AND MORTGAGE INFORMATION

CONDOMINIUM ASSOCIATION OR CO-OP ASSOCIATION NAME (If Applicable)		PROPERTY TYPE <input type="checkbox"/> Condo Unit <input type="checkbox"/> Other: _____	
TRANSACTION TYPE <input type="checkbox"/> Sale <input type="checkbox"/> Refinance Name of Buyer: _____ Name of Previous Lender: _____ Name of Seller: _____ <input type="checkbox"/> Confirm Continuation of Coverage			Closing Date
LENDERS POSITION Lender's Name: _____ <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Other: _____		Lender's Name: _____ <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Other: _____	
PROPERTY ADDRESS - LEGAL DESCRIPTION (Include Unit #, if applicable)		MORTGAGE CLAUSE	
		MORTGAGE LOAN NO. (If Applicable)	
SPECIAL INSTRUCTIONS			

REMARKS