

Request Condominium Certificate Form

* = Required Fields

UNIT INFORMATION:

What type of certificate would you like?*

Master/Hazard Certificate Flood Certificate Both Master/Hazard and Flood Certificate

What is the purpose of the request?*

Unit Purchase or Refinance Renewal of Master/Hazard Certificate

REQUESTOR INFORMATION:

Requestor Name* _____

Requestor Phone Number* _____

Email Address* _____

Condominium Association/ Complex Name* _____

Unit Owner(s) Name as it (will) appear on mortgage loan, including middle names or initials*

Unit Address* _____

Unit City* _____ Unit State* _____ Unit Zip Code* _____

MORTGAGE INFORMATION:

Bank or mortgage company full name and address.

Bank Loan Number – if available _____

Bank Name _____

As it should appear on the Certificate of Insurance.* _____

Bank Address* _____

Bank City* _____ Bank State* _____ Bank Zip Code* _____

(continued)



CERTIFICATE RECIPIENT & DELIVERY INSTRUCTIONS:

Who is receiving the certificate?*

Bank Attorney Property Manager Unit Owner Other

Please send by:

Fax _____ Email _____

Special Address _____

Additional Comments or Instructions