



## Certificate of Insurance Request - Associations

**Association:**

**Unit Owner's Name:**

**Street Address:**

**City, State, Zip:**

**Email:**

**Telephone Number:**

**Mortgagee:**

**Street Address:**

**City, State, Zip:**

**Loan Number:**

**Email:**

**Fax Number:**

**Mortgagee Correspondence:**  See attached.

**Comments/Requests:**

**Please email this form along with any Mortgagee correspondence to:**

**APNaples.CertificateMail@AssuredPartners.com**

**If you have any questions, contact our Commercial Lines Service Department at 239-649-1444.**

