



CERTIFICATE OF INSURANCE REQUEST FORM

Requestor Name: _____

Requestor Phone #: _____

Closing Date: _____

This Request has _____ additional pages

Association Name: _____

Unit Owner Name(s): _____

Address: _____

City, State & Zip _____

Certificate Info

Mortgagee _____

Clause: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Loan/Account #: _____

Additional Terms & Conditions

- ☐ Flood
- ☐ Renewal
- ☐ Purchase/Refinance
- ☐ Waiver of Subrogation
- ☐ Cancellation Period _____
- ☐ Separation of Insureds
- ☐ Additional Wording: _____
- ☐ Last known Policy #: _____

Distribution

(If not specified below, Certificate will be mailed to Certificate Holder)

- ☐ Email to Lender: _____
- ☐ Fax to Lender: _____
- ☐ Email to Unit Owner: _____
- ☐ Fax to Unit Owner: _____
- ☐ Other: _____

Email requests to: FortMyersCerts@alliant.com
or Fax to: 858-754-2610