



## **REQUEST FOR CERTIFICATE OF INSURANCE**

**Community Association's  
Name:** \_\_\_\_\_

**Unit Owner/Purchaser First  
and Last Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Unit Number:** \_\_\_\_\_

**Loan Number:** \_\_\_\_\_

**Mortgagee Clause or  
Mortgage Company Name:** \_\_\_\_\_

**Mortgage Company Address:** \_\_\_\_\_

**Name & Company of  
Requesting Party:** \_\_\_\_\_

**Date Certificate is Needed:** \_\_\_\_\_

**Send Certificate to:** \_\_\_\_\_

**At:** \_\_\_\_\_

**Thank you!**  
**Please fax/ email to 610-362-8377/ [usi.certrequest@usi.biz](mailto:usi.certrequest@usi.biz)**