



Certificate of Insurance Request

Faxed 904-824-1675 or certificates@thompsonbaker.com

TO: ThompsonBaker Agency, Inc.

From _____

Fax: (904) 824-1675

Phone (____)_____-_____

Date: ___/___/_____

Email _____

Please complete this form in its entirety to receive proof of insurance.

Unit information:

Unit owner/buyer's name (s): _____

Unit # _____ Condominium Association _____

Address _____

Certificate holder (bank/lender) information:

Name _____

Address _____

Loan # _____

Please fax certificate to (____)_____-_____

Attention: _____

Additional Information/ requests _____

Certificates are processed in 24 hours, in order in which received.