



CONDO / HOA / POA CERTIFICATE REQUEST

Date: _____

Name of Association: _____

Unit Owner Name: _____
(Borrowers Name)

Property Address: _____

Loan #: _____

Mortgage Clause: _____
(Bank Address)

Sending Request to the following:

Requested By: _____

Phone # _____ Fax #: _____

Bank Fax # (Required) _____

Email Address: _____

Mail Copy to Borrower: YES OR NO

Email Copy to Borrower: _____

Fax Requests to: RV Johnson Insurance
Attention: Certificate Department
Phone # 772-287-3366 Fax # 772-287-4439
Certrequest@rvjohnson.com

PLEASE ALLOW 24 TO 48 HOURS TURN AROUND TIME