



3250 North 29<sup>th</sup> Avenue Hollywood, Fl. 33020-1313

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### Request for Unit Owner – Certificate of Insurance

Date/Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Certificate Department

Name/Nombre: \_\_\_\_\_

Certificate Ph: 954-416-9780

Phone/Telefono: \_\_\_\_\_

Certificate Fax: 954-963-9776

Fax: \_\_\_\_\_

Re: **Certificate of Insurance**  
**(Certificado de Seguro)**

Certificate E-mail: [Certificateofinsurance@advancedins.com](mailto:Certificateofinsurance@advancedins.com)  
(Correo Electronico)

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(Please print the information)

(Por favor de imprimil su informacion)

Condominium Name/Nombre de Condominio: \_\_\_\_\_

Unit Owner Name/Nombre de dueño: \_\_\_\_\_

Unit No./ No. de Apartamento: \_\_\_\_\_

Unit Street Address/Direccion: \_\_\_\_\_

City, St, Zip/Ciudad, Estado, Zip: \_\_\_\_\_

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Bank Name/Nombre del Banco: \_\_\_\_\_

Bank Address/Direccion del Banco: \_\_\_\_\_

Loan #/No. del prestamo: \_\_\_\_\_

Bank Fax/Fax del Banco: \_\_\_\_\_

Note: If you received a letter from your Mortgage Company please fax it along with this form.  
(Nota: Si usted a recibido una carta de su banco, por favor encluyela con esta forma.)

Thank you/Gracias