

REQUEST FOR CERTIFICATE OF INSURANCE

*** ONLY FOR PROPERTIES LOCATED IN VA, DC and MD ***

After filling out this form, please email it to <u>USI.CertRequest@usi.biz</u> or fax it to (610)362-8377 Our turnaround time is between 24 to 48 hours

| IDENTIFY THE CONDOMINIUM/COMMUNITY ASSOCIATION | | |
|--|--------------------|--------------------------------------|
| Association Name: | | |
| State: Virginia Mar | yland Di | strict of Columbia |
| PROPERTY OR UNIT OWNER INFORMATION | | |
| First and Last Name: | | |
| Property Address: | | |
| Unit Number: | | |
| City: | State | Zip |
| LENDER | INFORMATIO | ON OR CERTIFICATE HOLDER |
| This request is NOT | for a lender, I do | o not need to add a mortgage clause. |
| Loan Number: | | |
| Company Name: | | |
| Lender Address: | | |
| City: | State | Zip |
| | DELIVER | RY INSTRUCTIONS |
| Date Certificate is Needed: | | Phone number for questions: |
| Deliver via Fax#1: | | Fax #2: |
| Deliver via E-mail address #1 | : | |
| Deliver via E-mail address #2 | : | |

Thank you for submitting your request, you will receive a certificate within 24 to 48 hours!