

**CONDOMINIUMS**

**REQUEST FOR PROOF OF INSURANCE**

Name of Condominium: Carmel Retirement Condominium Association Inc.

Condo Address \_\_\_\_\_

Unit Owner Name \_\_\_\_\_

Unit Owner Address \_\_\_\_\_

\_\_\_\_\_

Building or Unit # \_\_\_\_\_

Mortgagee Clause \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loan # \_\_\_\_\_

Lender/Mortgagee Phone Number \_\_\_\_\_

Lender/Mortgagee Fax Number \_\_\_\_\_

Lender/Mortgagee Email Address \_\_\_\_\_

Unit Owner Phone Number \_\_\_\_\_

Unit Owner Fax Number \_\_\_\_\_

Unit Owner Email Address \_\_\_\_\_

(Complete unit owner phone/fax/email if you would like a copy of the certificate sent to you as well as to the lender/mortgagee)

**Fax request to: 321-757-8687 ATTN: Linda Hartmann**

**Via email: [Lhartmann@bbbrevard.com](mailto:Lhartmann@bbbrevard.com)**

**Phone: 321-757-8686 Ext. 124**