|  |  |  |
| --- | --- | --- |
| ***Certificate Request Form*** | | |
| Date: |  |
| Name of Association: | Beach Townhouses COA, Inc. |

|  |  |
| --- | --- |
| Unit Owner: |  |
| Property Address: |  |
| Unit/Building #: |  |
| Loan Number: |  |
| Mortgagee Name: |  |
| Attention: |  |
| Mortgagee Address: |  |
|  |  |
|  |  |
| Email Address: |  |
| Or Fax Number: |  |

**If requesting proof of insurance, please email, fax or mail your request to the following:**

**Email: certrequest@cbiz.com**

**Phone: 941-960-8778**

**Fax Number: 941-960-8787**

**Mailing Address:**

**CBIZ Insurance Services**

**1605 Main St, Suite 1010**

**Sarasota, FL 34236**