

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 N	Maryland D	istrict of Columbia
	PROPERTY OR U	UNIT OWNER INFORMATION
First and Last Name:		
Property Address:		
Unit Number:		
City:	State	Zip
LEND	ER INFORMATIO	ON OR CERTIFICATE HOLDER
This request is N	OT for a lender, I de	o not need to add a mortgage clause.
Loan Number:		
Lender Address:		
City:	State	Zip
	DELIVE	RY INSTRUCTIONS
Date Certificate is Needed	<u> </u>	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!