



Community Association Underwriters of America, Inc.

CERTIFICATE OF INSURANCE REQUEST FORM

To obtain a certificate of insurance, please complete the information below.

Your request should be faxed to 267-757-7410, e-mailed to certs@cauinsure.com, or visit our website for processing at www.cauinsure.com.

Requests are processed in a timely manner and mailed directly to the Mortgage Holder, unless forwarding instructions are provided below.

ASSOCIATION/COMPLEX NAME:

UNIT OWNER/SHAREHOLDER:
(as they appear on mortgage loan, including middle names or initials)

COMPLETE UNIT ADDRESS:
(street name, unit #, city, state and zip code)

MORTGAGE LOAN NUMBER: _____

MORTGAGE/CERTIFICATE HOLDER:
(as it should appear on the Certificate of Insurance, including address)

Forwarding Instructions:

Company Name: _____

Attention: _____

Company Address: _____

Phone Number: _____

By providing CAU with a Fax Number and/or E-mail Address, you will be invoiced \$30.00 for expedited service.

FAX NUMBER: _____

E-MAIL ADDRESS: _____