



REQUEST FOR CONDO CERTIFICATE OF INSURANCE

Date:

Insurance Agent Information:

To: Kim Abramo

Email: Kim.Abramo@peoples.com

Fax: (844) 806-9617

Phone: (203) 338-3373

Unit Owner Information:

Condo Association: Park Towers Condominium Association

Tenant Name(s):

Unit #

Mortgagee Information:

Loan #:

Name:

Address:

Special Instructions: *(attach if necessary)*

Mailing Instructions:

Fax to:

Mail to:

Email to: