

# Certificate Request Form

Date: \_\_\_\_\_

Name of Association: \_\_\_\_\_

.....

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: clcerts@BouchardInsurance.com](mailto:clcerts@BouchardInsurance.com)

Phone: 727-447-6481  
Fax Number: 727-373-2823

Mailing Address:  
Bouchard Insurance  
PO Box 6090  
Clearwater, FL 33758