

Proof of Condo Unit Owner's Insurance

Unit Owner: Please complete this form and mail to your insurance agent.

INSURANCE AGENT: Please list my Condominium Association as an Additional Interested Party/Loss payee on my Unit Owner's policy (HO6). Also increase my loss assessment coverage to \$2,000.

Condo Owner's Name: _____

Property Address: _____

Unit Owner's Phone Number: () _____

Current Insurance Company _____

Current Policy Number _____

Current Policy Effective Dates: Effective _____ Expiration _____

Name of Condo Association: _____

Condo Association Address _____

Condo Association Phone Number: () _____