



# CONDO / HOA / POA CERTIFICATE REQUEST

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

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

Unit Owner Name: \_\_\_\_\_  
(Borrowers Name)

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Loan #: \_\_\_\_\_

Mortgage Clause: \_\_\_\_\_  
(Bank Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sending Request to the following:**

Requested By: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Bank Fax # (Required) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail Copy to Borrower: YES OR NO

Email Copy to Borrower: \_\_\_\_\_

Fax Requests to: RV Johnson Insurance  
Attention: Certificate Department  
Phone #: 561-745-8894 / Fax #: 561-745-8871  
certificate@rvjohnson.com

**PLEASE ALLOW 24 TO 48 HOURS TURN AROUND TIME**