

# CERTIFICATE OF INSURANCE

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: [CONDOS@BOUCHARDINSURANCE.COM](mailto:CONDOS@BOUCHARDINSURANCE.COM)

PHONE :  
FAX NUMBER:

727-447-6481  
727-373-2823

MAILING ADDRESS:  
BOUCHARD INSURANCE  
PO Box 6090  
CLEARWATER, FL 33758

Date: April 13, 2022  
Version: 1



Marsh McLennan  
Agency