



REQUEST FOR EVIDENCE OF INSURANCE

FOR YOUR CONVENIENCE, PLEASE USE ANY OF THE FOLLOWING:

**** NEW ON WEBSITE: poi.plastridge.com ****

EMAIL TO: proofofinsurance@plastridge.com

FAX TO: 561-819-1660

CLIENT NAME: Sugar Sands Condominium Association, Inc.

DATE OF REQUEST: _____

CONTACT INFORMATION:

PERSON COMPLETING FORM: _____

BEST NUMBER TO REACH YOU IF THERE IS A NEED: _____

HOLDER/ADDITIONAL INSURED INFORMATION:

REQUEST FOR: (PLEASE CIRCLE ONE)

CERTIFICATE-EVIDENCE HOLDER / ADDITIONAL INSURED

BANK/LENDER NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

LOAN #: _____

FAX NUMBER: _____

EMAIL: _____