

# CERTIFICATE OF INSURANCE REQUEST FORM

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

Name of Association: Madeira Beach Yacht Club Condominium Association, Inc.

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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 # for **Lenders**: 727-451-3877

Phone # for **All Other Inquiries**: 727-447-6481

Fax #: 727-373-2823

**Mailing Address:**

Bouchard Insurance  
PO Box 6090  
Clearwater, FL 33758

Certificates of Insurance are also available on line for review and issuance by the Insured.  
Please let us know if you are interested in online access through CSR24.