

ThompsonBaker Agency, Inc.

INSURANCE & FINANCIAL SERVICES

P.O. Drawer 3807 • St. Augustine, FL 32085-3807

Certificate of Insurance Request

TO: ThompsonBaker Agency, Inc.

From _____

Fax: (904) 824-1675

Phone (____) ____ - ____

Date: ____/____/____

Fax (____) ____ - ____

Please complete this form in its entirety to receive proof of insurance.

Unit Information:

Unit owner/buyer's name (s): _____

Unit # _____ Condominium Association _____

Address _____

Certificate holder (bank/lender) information:

Name _____

Address _____

Loan # _____

Please fax certificate to (____) ____ - ____ or email _____

Attention: _____

Additional Information/ requests _____

Certificates are processed in 24 hours, in order in which received.