



Certificate of Insurance Request
Email to: CertRequests@ioausa.com
Fax Number: 561-208-7474
Team Phone Number: 561-961-2524

Association Certificate of Insurance Request Form

Please forward a copy of the mortgage lender letter sent to you by mail. This provides us the mortgagee clause and all of the information that we need to issue the COI accurately.

Remember to include your Association's name, unit number if applicable, and your email address if you would like a copy returned for your file and provide us with either a fax number or an email for the Lender if not stated on the letter

OR

Complete the form in its entirety below and send to: CertRequests@ioausa.com

Name Of Association: _____

Your Email Address or Phone Number: _____

Unit Owner/ Borrower Name: _____

Borrower Address & Unit Number: _____

Certificate Holder/Mortgagee Clause: _____

Lender Address: _____

Loan Number: _____

Lender Fax or Email Address: _____

Notes:

Insurance Office of America, Inc.
13790 NW 4th Street, Suite 113, Sunrise, FL 33325

Date