REQUEST FOR PROOF OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

FAX THIS REQUEST TO	NAME AND ADDRESS OF REQUESTER
PHONE (A/C, No, Ext):	
FAX (A/C, No):	REQUESTER INTEREST IN PROPERTY
E-MAIL ADDRESS:	

NAME OF UNIT OWNER(S) AND MAILING ADDRESS (If different from property address below)

PROPERTY AND MORTGAGE INFORMATION

CONDOMINIUM ASSOCIATION OR CO-OP ASSOCIATION NAME (If Applicable)

PROPERTY TYPE ☐ Condo Unit ☐ Other: _____

TRANSACTION TYPE

☐ Sale
Name of Buyer: _____
Name of Seller: _____

☐ Refinance
Name of Previous Lender: _____
☐ Confirm Continuation of Coverage

Closing Date

LENDERS POSITION

Lender's Name: _____
☐ First Mortgage
☐ Second Mortgage
☐ Other: _____

Lender's Name: _____
☐ First Mortgage
☐ Second Mortgage
☐ Other: _____

PROPERTY ADDRESS - LEGAL DESCRIPTION (Include Unit #, if applicable)

MORTGAGE CLAUSE

MORTGAGE LOAN NO. (If Applicable)

SPECIAL INSTRUCTIONS

REMARKS

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