

**Condominium Certificate of Insurance**

**Request Certificates by Fax or Email!**

Please direct certificate request by fax, email or postal mail to the Condo Certificate Department

Fax: (866) 881-5271 ~ email: [otc-certs@bbandt.com](mailto:otc-certs@bbandt.com)

Mailing address: Attn: Condo Certificates  
BB&T-Oswald Trippe and Co. ~ P.O. Box 60139 ~ Ft. Myers, FL 33906-6139

*Please Print*

**Certificate Request Form**

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

Client ID: \_\_\_\_\_

Please prepare a Certificate of Insurance for the following:

Condominium Association/Complex Name: \_\_\_\_\_

Complete Unit Owners/Borrower's Name(s): \_\_\_\_\_

Unit Address: \_\_\_\_\_

Unit #/Bldg #: \_\_\_\_\_

Mortgagee Clause: \_\_\_\_\_

New Mortgage: \_\_\_\_\_ Refinance: \_\_\_\_\_ Equity Line: \_\_\_\_\_  
(Current Lender)

Loan Number: \_\_\_\_\_

Company Requesting Certificate: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Please Fax or Email Certificate to (upon completion) \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_