

**USE THIS FORM TO EXPEDITE THE ISSUANCE OF INSURANCE CERTIFICATES**

If you have received a letter requesting a Certificate from your Bank or Mortgage Company, you may forward or fax said letter, in lieu of filling out this form to

Wells Fargo Insurance Services  
3225 Aviation Avenue, Suite #400  
Coconut Grove, FL 33133  
Or FAX to: (305) 443-0154  
ATTENTION: Mortgage Department

If you have any questions or further assistance is needed, please call our toll free number (888) 746-7673 or (305) 428-0015 and ask for Sandra Sierra.

**REQUEST FOR CERTIFICATE OF INSURANCE**

PRODUCER: **Richard Rodriguez**

CLIENT CODE: TRA36816

CONDO ASSOCIATION NAME: **Tradewinds Apartments of Marco Island**

DATE \_\_\_\_\_

UNIT OWNER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOAN # \_\_\_\_\_ UNIT # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

LENDER/BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT OR DEPARTMENT \_\_\_\_\_

