



- Name \_\_\_\_\_
- Name of Mtg. Company or Bank that you represent (**if applicable**): \_\_\_\_\_  
\_\_\_\_\_
- Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- Email: \_\_\_\_\_
- Name of Condominium Complex: \_\_\_\_\_
- **Complete** Address of Unit: \_\_\_\_\_  
\_\_\_\_\_
- Unit/ Apartment #: \_\_\_\_\_
- First & Last Name of Unit Owner or Purchaser: \_\_\_\_\_  
\_\_\_\_\_
- Loan Number(s) **if applicable**: \_\_\_\_\_

\*Mortgage Clause I Certificate Holder\*

Please provide the Mortgage Company's name & entire address, this is **mandatory** for processing.

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Please Email or Fax to Associated Insurance Management.

Email: [zdwyvill@aimcommercial.com](mailto:zdwyvill@aimcommercial.com)

Fax: (866) 219-4187

**Please Complete & Fax or Email back to us. Thank you.**