



*CONDOMINIUM ASSOCIATION
MASTER CERTIFICATE REQUEST*

Date: _____

Condominium Association Name: _____

Unit Address: _____

Unit Number: _____

Unit Owner Name: _____

Loan Number: _____

Bank Name: _____

Bank Address: _____

Bank City, State, Zip: _____

Bank Fax Number: _____

Confirmation Fax Number or Email: _____

Once completed fax your request to 386-323-9148 or email it to Lena Mayhugh at lmayhugh@bbdaytona.com. Complete the confirmation Fax or email section if you would like confirmation the request was sent to the bank. Be advised during high volume it may take up to 48 business hours to complete a request.

Please remember we also provide assistance for personal lines insurance 800-877-2769.

We appreciate your business!