

**Peter Waldor & Associates, LLC.**  
**220 S. Orange Ave. – 2<sup>nd</sup> floor**  
**Livingston, NJ 07039**  
**973.346.8400**  
**Fax: 973.863-8383**

**Request Form for Certificate of Insurance**

To obtain a Certificate of Insurance, please complete this form and e-mail or fax to:

[bgershon@pwains.com](mailto:bgershon@pwains.com), fax # 973-863-7519

Requests will be processed within 24 hours and mailed directly to the Mortgage Holder. A copy will also be sent to the initial e-mail address if requested.

**Association Name:** \_\_\_\_\_

**Unit Owner: (exactly as it appears on the mortgage loan)** \_\_\_\_\_

**Loan #** \_\_\_\_\_ **(if applicable)**

**Complete Unit Address: (include unit number, street name, city, state, zip)**

\_\_\_\_\_

**Mortgage/Certificate Holder/Loan # and their address exactly as it needs to appear on certificate:**

\_\_\_\_\_

\_\_\_\_\_

**Forwarding Instructions:**

**Company Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Phone Number/Fax Number/E-Mail Address:**

\_\_\_\_\_

Would you like us to e-mail a copy to the Unit Owner? (Please circle)      **YES**      **NO**

**If so, please provide email address:** \_\_\_\_\_