

CERTIFICATES OF INSURANCE

DATE: _____

NAME OF ASSOCIATION: Admiral's Walk Condominium Association, Inc.

UNIT OWNER: _____

PROPERTY ADDRESS: _____

UNIT/BUILDING #: _____

LOAN NUMBER: _____

MORTGAGEE NAME: _____

ATTENTION: _____

MORTGAGEE ADDRESS: _____

EMAIL ADDRESS: _____

OR FAX NUMBER: _____

If requesting proof of insurance, please email, fax or mail your request to the following:

Email: clcerts@BouchardInsurance.com

Phone: 727-447-6481

Fax Number: 727-373-2823

Mailing Address:
Bouchard Insurance
PO Box 6090
Clearwater, FL 33758

Date: January 7, 2016

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