

Request for certificate of insurance: Lighthouse Pointe Condominium Association Inc

USI Insurance Services
2502 N Rocky Point Dr, Suite 400
TAMPA FL 33630
PHONE 813-639-3000
FAX 855-299-7117
E-mail: westcoastcondo@usi.com

Please select what you are requesting

Flood Property General liability Crime

Fax No: _____

Date: _____

Phone No: _____

Certificate Holder (Bank): Mortgagee	
Address:	
City, State, Zip code:	
Attention: (If needed)	

Unit Owner(s):	
Condo:	
Property Address:	
City, State, Zip code:	
Unit #	
LOAN #	

Handling Instructions:

FAX or EMAIL to Certificate Holder at _____

FAX or EMAIL to Unit Owner at _____

**PLEASE COMPLETE ALL INFORMATION SO YOUR REQUEST MAY BE
PROCESSED. RETURN THE COMPLETED FORM TO
WESTCOASTCONDO@USI.COM**