

**CONDO /HOA/ POA**  
**CERTIFICATE REQUEST**

Date: \_\_\_\_\_

Association: \_\_\_\_\_

Unit Owner Name: \_\_\_\_\_

Unit Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Loan #: \_\_\_\_\_

Mortgagee Clause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Fax #: (REQUIRED) \_\_\_\_\_

Requested By: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Fax Requests to: RV Johnson Insurance**  
**Attention: Barbie Brown**  
**Phone #:772-287-3366 / Fax #: 772-287-4255**  
[bbrown@rvjohnson.com](mailto:bbrown@rvjohnson.com)

**PLEASE ALLOW 24 TO 48 HOURS TURN AROUND TIME**

