



REQUEST FOR EVIDENCE OF INSURANCE

FOR YOUR CONVENIENCE, PLEASE USE ANY OF THE FOLLOWING:

****** NEW ON WEBSITE: poi.plastridge.com ******

EMAIL TO: proofofinsurance@plastridge.com

FAX TO: 561-819-1660

**PLEASE NOTE: Providing a copy of the lender request letter is the best way to expedite this request.
This form does not need to be completed if the letter is provided and includes this information.**

ASSOCIATION NAME: Coco Wood Lakes Association, Inc.

DATE OF REQUEST: _____

UNIT OWNER INFORMATION:

PURCHASER/OWNER: _____

PROPERTY ADDRESS: _____

UNIT NUMBER: _____

CITY/STATE/ZIP: _____

BEST NUMBER TO REACH YOU IF THERE IS A NEED: _____

MORTGAGEE INFORMATION:

MORTGAGEE: _____

ADDRESS: _____

LOAN NUMBER: _____

FAX NUMBER: _____

EMAIL: _____