

REQUEST FOR EVIDENCE OF INSURANCE

TO: FLORIDA PREMIUM INSURANCE
1500 Weston Road, Suite #200-1
Weston, FL 33326
frank@floridapremiuminsurance.com
Fax: 954-320-0389

Date: _____

If you have a request from your mortgage company for an evidence of insurance, please complete the form below.

Unit Owner Name: _____

Property address: _____

Mortgagee clause: _____

Loan number:

Evidence of insurance should be sent to: _____

Email: _____

Fax: _____