



## Gerelli Insurance Agency, Inc.

Corporate Park West @ Route 9, Post Office Box 362, Cold Spring, NY 10516

(845) 265-2220 Ext 126 Phone (845) 265-4754 Fax

Email: [Certificate@Gerelli-Insurance.com](mailto:Certificate@Gerelli-Insurance.com)

### Certificate of Insurance Request Form

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

Complex/Insured's Townhouse/Condo/Coop Name: \_\_\_\_\_

Please CIRCLE: Are you **BUYING?** Or **REFINANCING?** Or Updating for a **RENEWAL?**

Unit Owner: Person who is buying or refinancing

Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

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

Unit Owner's Phone #: \_\_\_\_\_

Bank/Mortgagee:

Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Please Circle: ISAOA or ATIMA or BOTH

Certificate should be emailed to: \_\_\_\_\_

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

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

Mailed: Attn: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Person Requesting Certificate should we have any questions: \_\_\_\_\_

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

Please email this form to [certificate@gerelli-insurance.com](mailto:certificate@gerelli-insurance.com)

Or

Fax this form to 845 -265-4754