



REQUEST FOR EVIDENCE OF INSURANCE

ATTN: CERTIFICATES DEPT

FOR YOUR CONVENIENCE, PLEASE USE ANY OF THE FOLLOWING:

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

EMAIL TO: proofofinsurance@plastridge.com

CALL TO: 800-299-7208

FAX TO: 561-819-1660

EMAIL: PROOFOFINSURANCE@PLASTRIDGE.COM

ASSOCIATION NAME: Eagle Lake Homeowners Asso / EAGLE02

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: _____