

# Certificate Request Form

Date:

Name of Association: Pine Ridge at Lake Tarpon Village II Condominium Association Inc AKA Deer Hollow at East Lake

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Unit Owner:

Property Address:

Unit/Building #:

Loan Number:

Mortgagee Name:

Attention:

Mortgagee Address:

Email Address:

Or Fax Number:

If requesting proof of insurance, please email, fax or mail your request to the following:

Email: [clcerts@BouchardInsurance.com](mailto:clcerts@BouchardInsurance.com)

Phone: 727-447-6481

Fax Number: 727-373-2823

Mailing Address:

Bouchard Insurance  
PO Box 6090  
Clearwater, FL 33758



Proposal Date: 04/29/2015

Version Number: 1