

PROOF OF CONDO UNIT OWNER'S INSURANCE

INSURANCE AGENT: Please list my Condominium Association as an Additional Interested Party/Loss payee on my unit owner's policy (HO-6). Also increase my loss assessment coverage to a minimum of \$2,000.

UNIT OWNER:

Please complete Section - 1 of this form and mail to your insurance agent.

Section - 1

Condo Owner's Name: _____

Property Address & Unit # _____

Phone number: _____

Current insurance company: _____

Current policy number: _____

CONDO ASSOCIATION BOARD:

Please complete Section - 2 of this form and give to all association members, to complete Section - 1, and mail to their insurance agents.

Section - 2

Name of Condo Association: HILLSBORO COVE CONDOMINIUM ASSOCIATION

Condo Association address: 1365 EAST HILLSBORO BOULEVARD

DEERFIELD BEACH, FL 33441