

**VERY IMPORTANT:** Please complete the following information to insure your request is handled within 24 hours of receipt. Failure to fully complete will delay your receipt of COI.

### Person/Company Requesting Certificate:

Name:	
Company:	
Phone:	
Email Address:	
Fax #:	

### Certificate of Insurance Information:

Name of Association:		The Pheasant View Estates Homeowners Association
Property Management Company:		CORNERSTONE PROPERTY MANAGERS
Unit Owner/Borrower Name:		
Address & Unit #:		
City, State, Zip Code:		
Why do you need a Certificate?		
Certificate Holder/Mortgagee:		
Street Address:		
City, State, Zip Code:		
Description for Additional Insured / Loss Payee:	<input type="checkbox"/>	(Certificate Holder) is an additional insured and loss payee, as their interest may appear as described and limited to loan agreement between mortgagee and unit owner.
Loan Number (if applicable):		
Comments or Specific Conditions or Special Wording to be included on certificate:		