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Request Form Certificate of Insurance for Residential Associations

Email requests to cert@steverose.biz or FAX to 1-301-424-4870.

Requests are processed in the order received. Incomplete forms are returned in one to three business days for lender completion.

Date: _____

Condo/Coop/HOA Name _____

Borrower name(s) _____

Unit address _____

City _____ State: _____ Zip Code _____

E-mail Address _____

Telephone Number _____

Mortgage Company: _____

Person requesting Certificate: _____

E-mail address: _____

Fax number: _____

Office/ Cell phone number: _____ Ext. _____

Settlement Date _____

Type of loan: New purchase _____ Refinance _____ Home equity _____

1. Is this a *FHA/Fannie Mae* loan requiring a "Walls-In" HO-6 Insurance Policy?

Yes _____ No _____ If Yes, what interior unit coverage amount is required? \$

2. Does the borrower currently have HO-6 Insurance? Yes _____ No _____

3. Does the lender have their copy of the HO-6 policy? Yes _____ No _____

Office use only:

A. The Request Form was not fully completed. It was returned to the lender. _____

B. The *Certificate & Instructions* were _____ Emailed or _____ Faxed on Date: _____