



**PLASTRIDGE INSURANCE  
AGENCY**

**REQUEST FOR EVIDENCE OF  
INSURANCE**

Please send your request to

**PLASTRIDGE INSURANCE FAX: 561-630-4966**

DATE: \_\_\_\_\_

ASSOCIATION NAME: Bay Reach Condominium Association, Inc.

BAYRE-2

**UNIT OWNER INFORMATION:**

PURCHASER/OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

UNIT NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**MORTGAGEE INFORMATION:**

MORTGAGEE: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOAN NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_