

Shuffain Insurance Agency  
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## Condominium Master Policy Certificate of Insurance Request



Fill in the information below that we will need to process your certificate. It's simple... just type in each space and press your TAB key to move to the next field. When you are finished, click the **Save** button on your toolbar and save the completed form on your computer. Start a new email and attach the form to an email, then send it to us at [info@shuffain.com](mailto:info@shuffain.com). If you have any questions or need help, please call us at 781-784-3920 and we'll be happy to answer your questions.

Condominium name: \_\_\_\_\_

Unit owner name: \_\_\_\_\_

Unit owner address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Loan number: \_\_\_\_\_

Routing information:  Will pick up at agency  Email to: \_\_\_\_\_

Mail to Unit Owner  Fax to: \_\_\_\_\_

Mail to Bank Attention: \_\_\_\_\_

Other instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_