

Certificate Request Form

Date: _____

Name of Association: Pinestone at Palmer Ranch Association, Inc.

Unit Owner: _____

Property Address: _____

Unit/Building #: _____

Loan Number: _____

Mortgagee Name: _____

Attention: _____

Mortgagee Address: _____

Email Address: _____

Or Fax Number: _____

If requesting proof of insurance, please email, call, or mail your request to the following:

Email: certrequest@cbiz.com

Phone: 941-960-8778

Fax: 941-960-8787

Mailing Address:

CBIZ Insurance Services

1605 Main St, Suite 1010

Sarasota, FL 34236