



FARMERS

**Joe Hughes**

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UNIT OWNER CONDO INSURANCE REQUEST

ASSOCIATION NAME: \_\_\_\_\_

UNIT OWNER NAME: \_\_\_\_\_

\*LOAN NUMBER: \_\_\_\_\_

\*MORTGAGEE CLAUSE: This is how the mortgage company wants to be listed on the certificate. Full name and address of Mortgage Company at a minimum.

\_\_\_\_\_  
\_\_\_\_\_

\*Mortgage Fax number if provided: \_\_\_\_\_

\*If refinance or new purchase: Effective date: \_\_\_\_\_

\*CONDO UNIT ADDRESS: (include unit number) \_\_\_\_\_

\_\_\_\_\_

CONDO OWNER ADDRESS: (if different) \_\_\_\_\_

\_\_\_\_\_

Unit owner information:

Contact phone number: \_\_\_\_\_

Please complete the information above and fax the request to our office at 425 889-9638 or e-mail it to [jhughes1@farmersagent.com](mailto:jhughes1@farmersagent.com). If you have a **letter from your mortgage** company please ignore the asterisked items and **include a copy of the letter**. Requests are processed within two business days. We will mail the unit owner a copy of the certificate. We mail along and fax a copy to your lender (if fax number is provided). If there are any questions please telephone our office at 425 827-8066.