



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. 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.