

## High Meadow Association, Inc. • Insurance Certificate Request

Please complete this form and fax or mail to **The Marcucelli Agency, Inc.**  
Fax (203) 797-8318 • 208 Greenwood Ave – Ste 2, • Bethel, CT 06801 • Phone (203) 797-9855

Please allow 2 business days for processing.

Request By (Name): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for Certificate: \_\_\_ Resale \_\_\_ Renewal \_\_\_ Other

Closing Date: \_\_\_\_\_

Name of Buyers(s) \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Property Unit Number \_\_\_\_\_

Property Street Address \_\_\_\_\_

City: Brookfield State: CT Zip: 06804

### Mortgagee Clause Information

1<sup>ST</sup> Mortgagee \_\_\_ 2<sup>nd</sup> Mortgagee \_\_\_ Other \_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan Number \_\_\_\_\_

### Send Certificate To

( ) Fax Certificate to number \_\_\_\_\_

( ) Mail certificate to below

Company \_\_\_\_\_

Attn: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_