



**USI Insurance Services**  
**2502 N Rocky Point Drive, Suite 400**  
**Tampa, FL 33607**  
**(813) 639-3000**

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Name of Unit Owner:

Address:

Name of Lender:

Address:

Loan or Reference #:

Lender Fax #:

Lender Email:

Copy of certificate to unit owner? If yes, please provide email address:

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**Email to [westcoastcondo@usi.com](mailto:westcoastcondo@usi.com)**  
**or fax to 855-299-7117**

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***All certificate requests are processed in the order received within 24 hours of receipt.***  
***Please ensure all required information is included on this request.***