



**GERELLI INSURANCE AGENCY, INC.**

TEL.: (845) 265-2220  
FAX: (845) 265-4754  
E-Mail: ggerelli@gerelli-insurance.com  
Website: www.gerelli-insurance.com

POST OFFICE BOX 362 CORPORATE  
PARK WEST @ ROUTE 9  
COLD SPRING, N. Y. 10516

**Certificate of Insurance Request Form**

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

Complex/Insured's Townhouse/Condo/Coop Name: \_\_\_\_\_

Please CIRCLE one of the following: Are you BUYING? Or REFINANCING?

**Unit Owner: Person who is buying or refinancing**

Name: \_\_\_\_\_  
Unit#: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Bank/Mortgagee:**

Name: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Closing Date: \_\_\_\_\_  
Loan#: \_\_\_\_\_

Please Circle: ISAOA or ATIMA

Certificate should be emailed or faxed to: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax#: \_\_\_\_\_

Mailed: Attn: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Person Requesting Certificate should we have any questions: \_\_\_\_\_  
Phone#: \_\_\_\_\_

**Please fax this form to (845) 265-4754**

**OR**

Submit your request online at **www.gerelli-insurance.com**

Please be advised that the turn around time for these requests are 24-48 hours