



**REQUEST FOR
CERTIFICATE OF INSURANCE**

INSURED: HORIZON CONDOMINIUM, 415 EAST 37th STREET

UNIT#: _____

MORTGAGE CLAUSE: (BANKS NAME & ADDRESS)

PURCHASERS NAME:

LOAN #: _____

FAX REQUEST TO SIMONE C. CUMBERBATCH AT GENATT ASSOCIATES

FAX# (516) 465-7279

PHONE #: (516) 869-8666 x254