



Assurance Letter Request Form

Resident Name _____

Association Name _____

Street Address _____

Unit Number _____

City, State, Zip _____

Phone Number _____

Email Address _____

Insurance Company Name _____

Insurance Company Contact _____

Insurance Company Fax/Email _____

Printed Name: _____

Signature: _____

Please send completed forms to Bridget Privette via fax at (239) 433-3263
or email to bprivette@waynefire.com. Please note it takes **72 to 96 hrs** to process.

If you have any questions I can be reached at (239) 433-3030 X 1225