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**SUBMIT BY EMAIL OPTION NOT COMPATIBLE WITH GOOGLE CHROME.  
MUST USE INTERNET EXPLORER.**

**REQUEST FOR EVIDENCE OF PROPERTY INSURANCE  
FOR A CONDOMINIUM OR TOWNHOME**

**PLEASE CHECK YOUR SPAM FILTER IF YOU DO NOT  
RECEIVE CERTIFICATE IN 24 HOURS**

**NOTE: Have your IT staff add this information to your "Safe List"  
Server@csr24.email, 162.42.193.9 and 204.155.61.129**

**WE ARE ALWAYS LOOKING FOR WAYS TO MAKE IT EASIER FOR OUR CLIENTS TO DO BUSINESS WITH BCH. WITH THAT IN MIND, WE HAVE CREATED THIS ACROBAT DOCUMENT WHICH YOU CAN TYPE ON USING THE ACROBAT READER PROGRAM.**

**THERE ARE SEVERAL OPTIONS FOR YOUR CONVENIENCE:**

- 1. TYPE ON THE DOCUMENT HERE ON THE INTERNET.**
- 2. SAVE THE DOCUMENT TO YOUR DESKTOP.**
- 3. IF YOU PREFER, PRINT AND COMPLETE BY HAND AND FAX BACK TO BCH AT 713-456-2725.**

**WHEN COMPLETED, CLICK ON THE "SUBMIT BY EMAIL" BUTTON AT THE BOTTOM OF THIS DOCUMENT.**

Before getting started you must have Acrobat Reader. if not then you need to go to this web page and download Adobe Acrobat Reader. <http://adobe.com/products/acrobat/readstep2.html>

If you do not wish to update your reader then you can still type on this document - you will then have to print and fax this document instead.

Step 1. Complete the below document. Remember that all spaces need to be completed- if you don't have anything to put in that line -put N/A or type none.

Step 2. Review Information and then click on the "Submit By E-mail" button.

Step 3. E-mail pops up, if you wish to add any additional info you can at that time.

Step 4. You should receive a confirmation e-mail if the e-mail was received by the certificate department. If you do not receive a confirmation e-mail, please contact [ehoacerts@bch-insurance.com](mailto:ehoacerts@bch-insurance.com)

**CERTIFICATES WILL BE ISSUED WITHIN 1 BUSINESS DAY OF RECEIPT  
PLEASE KEEP COPIES FOR FUTURE USE**

# REQUEST FOR EVIDENCE OF PROPERTY INSURANCE FOR A CONDOMINIUM OR TOWNHOME

Date:

Name of Condo/ Townhome Association:\*\*

Name of Property Management Company:\*\*

**INFORMATION REQUESTED BELOW IS WHAT WILL APPEAR IN THE EVIDENCE OF INSURANCE YOU WILL RECEIVE - PLEASE MAKE SURE YOUR REQUEST IS ACCURATE AND LEGIBLE. WE WILL NOT BE HELD RESPONSIBLE FOR INCORRECT INFORMATION PROVIDED ON THIS FORM.**

Mortgage Clause (Name) \*\*

If needed: ITS SUCCESSORS &/OR ASSIGNS ATIMA  IF **NOT** NEEDED

ADDRESS: \*\*

CITY \*\*  STATE \*\*  ZIP \*\*

Unit Owner Name/Buyer \*\*  
As Required On Your Document

Property Address: \*\*

City \*\*  State \*\*  ZIP Code \*\*

Unit No: \*\*  Loan Number: \*\*

EMAIL TO:  Title Company  Mortgage Company  Unit Owner

Attn: \*\*  Phone \*\*

FAX Number:  E-Mail Address:

General Liability is required

FAX: 713-456-2725

Flood is required, provide building number

Special Instructions/or Other Items Required