

CONDO NAME HERE

LOGIN ID: southarcade

PASSWORD: southarcade-1

Go to the Following Website: <https://portal.csr24.com/mvc/9923593>



1. Enter the Login ID & Password Listed Above
2. Click on Issue or Reprint a Certificate of Insurance
3. To issue the Certificate of Insurance, Click on PROP/GL/FIDELITY 20xx-xx Term

Preview	Certificate	Certificate Holder	Address	Date	Description of Operations
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 [PROP/GL/FIDELITY 20xx-xx Term](#)

4. Click on Add Cert Holder

Cert Holder Information (* = Required Field)

Full Name:*	BANK OF ANYWHERE ISAOA/ATIMA
Address:*	P.O. BOX 1234
City:*	BOTHELL
State/Province:*	W
Zip/Postal Code:*	12345
Country: (If other than United States)	LEAVE BLANK
Telephone:	LEAVE BLANK
Telephone 2:	LEAVE BLANK
One Time Only:	<input type="checkbox"/>
Date Interest Ends:	LeaveBlank
Do they Receive Renewals:	<input type="checkbox"/>
Loan Number:	LEAVE BLANK
Group Code:	LEAVE BLANK

Holder Specific Portion:	UNIT OWNERS NAME, UNIT # (ONLY UNIT #), & LOAN NUMBER *****EXAMPLE***** JOE SMITH, UNIT #123, LOAN NUMBER 12356789 NOTE: FULL ADDRESS IS ALREADY PRE-FILLED IN THE TEMPLATE - ONLY ENTER UNIT #
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Delivery Information - **SKIP THIS SECTION**

Recipient #1

Attention:	YOUR NAME
Subject:	Proof of Insurance for Fox Borough Owners Associ
Message:	OPTIONAL NOTE FIELD
Email the Form:	<input checked="" type="checkbox"/> Email Address : YOUR EMAIL HERE

5. Click on Submit Request and it will be Emailed
6. "Form and Attachment Links" Message Box will Show on Screen, Click "X" to Exit Out
7. Go to Top of Page and Log Off

QUESTIONS – PLEASE CALL