



2025-2026

Pipers Glen Condominium Assoc Inc.

Clearwater, FL 33763-4086

RE: Proof of Insurance/Certificate of Insurance Requests

Insurance Agency: McGriff, a Marsh & McLennan Agency LLC Co.

Proof of Insurance Request - Contact Info:

Email: MCG.Certificateofinsurance@MarshMMA.com

Fax# 866-881-5271

Please include: The physical location address / unit number, owner(s) name, bank name/mortgagee clause, and loan number (*if applicable*), along with where/how to return requested information.

Issues/Questions:

Charee Wilkinson, Account Manager

Office Phone #727-202-3468

Email: Charee.Wilkinson@MarshMMA.com

PLEASE NOTE: *Requests are processed in the order they are received. If the request is for a Closing, please email your request with a Closing date in the subject line with the Unit Owner Name. Certificate requests for Associations that will be renewing within 30 days or more, the request will be held until the Association Insurance has been renewed. Secure or Encrypted emails cannot be opened, please fax your request to 866-881-5271 in PDF Format. Thank you for your cooperation. McGriff, a Marsh & McLennan Agency LLC. CA License #0H18131*