

Property Insurance Information

Insurance Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_  
Agent's phone #: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_  
Rental Property Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Owner's name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

This is to inform you that Rose Residential will be leasing and managing the above referenced property. The property will be used as a tenant dwelling. Please modify coverage accordingly and name Rose Residential as additionally insured.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Date Mailed to Insurance agency: \_\_\_\_\_