

---

---

# **R. M. Property Management**

---

---

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

Owner Name: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Dear Insurance Agent:

Please accept this letter as official request to add RM Property Management as additionally insured for my property located at:

\_\_\_\_\_

Please mail a copy of the policy to  
RM Property Management  
421 W 11<sup>th</sup> St  
Tracy, Ca 95376

RM Property Management manages the above mentioned property for me. I understand that, as additionally insured RM Property Management will receive all updates and renewals regarding my policy.

If you have any questions, please contact at 209-832-1612

Sincerely,

Owner Name Policy Holder: