



7120 Pav Way #103
Prescott Valley, Arizona 86314
www.ppprescott.com

Telephone: (928) 445-8750
Fax: (928) 445-5542
Email: info@ppmprescott.net

Dear New Owner,

Enclosed please find a form requesting an insurance endorsement to complete our file. We have enclosed a form for you to fill out and send to your insurance agent or return to us to send to your agent. Please be reminded that your property should be insured as a rental property. This is extremely important for liability reasons. We also request that we be added as additional insured.

We also have had several questions arise on different properties regarding dogs, trampolines, and swimming pools. This form also verifies with your insurance agent if there are restrictions on pets (some companies do not permit dogs at all and some have exclusions for certain breeds), trampolines, swimming pools, and any other restrictions that may apply. It is important that we both know if there are any restrictions to your insurance policy. Some insurance companies will cancel a homeowner policy if there are trampolines, etc. on the property and/or may not pay on a claim.

Thank you for your assistance in this very important matter. If you have any questions, please let me know. I can be contacted by telephone at 928-445-8750, or by e-mail at diane@ppmprescott.net.

Sincerely,

Diane Tenison

Diane Tenison

Enc.



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Agent: _____
Fax: _____

Date: _____

Authorization to Add Pierce Property Management as Additional Insured And Notice of Restrictions

Dear Agent,

I have contracted with Pierce Property Management to manage the following rental property:

Address	Policy #
_____	_____

PLEASE VERIFY ANY RESTRICTIONS ON THE PROPERTY AS APPLICABLE:

No restrictions

Please add Pierce Property Management to the above referenced policies as "Additional Insured", for the purpose of liability only. Mail the endorsement directly to Pierce Property Management, at 7120 Pav Way #103, Prescott Valley, AZ 86314, and send me a copy also.

I understand there is no cost for this endorsement. If this is incorrect, contact me before you make this change. Thank you for your prompt assistance in this matter.

Policy Owner

Date