INSURANCE AUTHORIZATION

Date:	
To:	
From:	
Re: Property lo	cated at
I am requesting that your company modify my rental insurance policy to add Au Terre Properties, Inc. as "additional insured."	
I am also requesting that insurance policy.	ou supply Au Terre Properties, Inc. with a copy of my
2973 Harb	operties, Inc. or Blvd., Suite 123 a, CA 92626 400 4855
Email: <u>info</u>	@auterreproperties.com
This will remain in effect u	ntil I cancel this request in writing.
I, the undersigned, understand I still bear responsibility for all insurance payments.	
Owner nam	
Owner addres	8
Owner signatur	
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