



### INSURANCE AUTHORIZATION

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Re: Property located at \_\_\_\_\_

Acct: \_\_\_\_\_

I am requesting that your company modify my rental insurance policy to add Rent It Network as "additional insured."

I am also requesting that you supply Rent It Network with a copy of my insurance policy.

Rent It Network  
550 N. Reo St  
Suite 300  
Tampa, FL 33609  
Bus: (813) 864-9515  
Fax: (813) 864-9514  
Email: admin@rentitnetwork.com

This will remain in effect until I cancel this request in writing.

I, the undersigned, understand I still bear responsibility for all insurance payments.

Owner name	
Owner address	
Owner signature	
Date	

