

INSURANCE CHANGE REQUEST

Insurance Policy Number:

Property Address:

Owner Name:

To Whom It May Concern:

Please send my management company listed below an updated dwelling certificate of Insurance. I need to have Comprehensive public liability property insurance of at least \$500,000.00 in coverage that names the management company below as Additional Insured on the liability. Please do not list them as Additional Interest.

If you cannot list my management company as an additional insured, please let me and my management company know via the email listed below.

Please send the certificate of insurance to:

Stone Oak Property Management
14050 Summit Dr Ste 113B
Austin, TX 78728
512-617-6766
SOAdmin@stoneoakmgmt.com

Sincerely,