

REQUEST FOR VERIFICATION OF INSURANCE

Property Management

NOTE: This form is used by a property manager when entering into a property management agreement which provides for insurance coverage, to verify with the owner's insurance agency or carrier the owner's liability coverage for the property manager's activities during the employment.

Instructions: Broker/Manager to complete Sections I and II and sign at item 3.6. Property Owner to sign at item 4. Insurance Agency/Carrier to complete Section III, and sign and return to Broker/Manager identified in item 2.

DATE: _____, 20_____, at _____, California.

SECTION I – REQUEST BY BROKER/MANAGER:

1. TO INSURANCE AGENCY:

Name _____
Attn _____
Address _____

Phone _____ Fax _____

2. FROM BROKER/MANAGER:

Name _____
Attn _____
Address _____

Phone _____ Fax _____

3. You are kindly requested to verify the following insurance coverage information given to Broker/Manager by Property Owner for the purpose of confirming liability coverage for activities relating to the operation of the property. Your cooperation will be appreciated.

3.1 Address of covered property _____

a. Type of improvements _____

3.2 Named insured _____

3.3 Policy number _____, expiration date _____

3.4 Policy limit/amount of coverage \$ _____

3.5 Type of policy/coverage _____

3.6 Annual premium \$ _____

a. Fully paid Yes, no.

Broker/Manager _____

By _____ Title _____

Signature _____

SECTION II – AUTHORIZATION BY PROPERTY OWNER TO VERIFY INFORMATION:

4. You are authorized to verify and supply Broker/Manager identified at item 2 above with the information requested for your verification in Section III below.

Property Owner(s)

Name _____

Address _____

Phone _____ Fax _____

Signature of Property Owner(s)

Signature _____

Signature _____

SECTION III – VERIFICATION BY INSURANCE AGENCY/CARRIER:

Instructions: You are to complete the following items, then sign and return this form with any attachments to Broker/Manager identified at item 2 above.

5. Insurance Agency name _____

5.1 Contact person _____ Phone _____

6. Insurance Carrier/Insurer

- 6.1 Policy number _____, expiration date _____
- 6.2 Policy limits/amount of coverage _____
- 6.3 Type of policy _____
- 6.4 Annual premium \$ _____
 - a. Fully paid yes, no.
- 6.5 Named insured _____
- 6.6 Type of property covered _____
- 6.7 Other relevant information affecting Broker/Manager _____

7. Please attach a copy of the policy declaration page or a copy of a comparable agency information sheet.

The above information is true and correct.

Date: _____, 20_____

Agency Name: _____

By: _____ title: _____

Signature: _____

Phone: _____ Cell: _____