



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 liability certificate of Insurance.

I need to have comprehensive \$1M / \$2M Aggregate public liability property insurance that names the management company below as **Additional Insured** on the liability. Please do NOT list Genuine as Additional Interest, Certificate Holder, Additional Party, or otherwise.

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

Please send the certificate of insurance on the ACORD 27 Form to:

Genuine Property Management
1922 Placentia Avenue, Unit 1
Costa Mesa, CA 92627
(949) 209-9494
marcel@genuinemanaged.com

Sincerely,

A handwritten signature in blue ink, appearing to read "Marcel Ford".

Marcel Ford