INSURANCE AUTHORIZATION

Date:		_
То:		(Insurance Company)(Insurance Agent)(Agent's Phone Number)
From:		(Property Owner)
Re: Acct:	Property located at	
	questing that your co Star realty LLC as "a	mpany modify my landlord insurance policy to add additional insured."
	so requesting that you	u supply Service Star Realty with a copy of my
	Phoenix, AZ Bus: 480-426 Fax: 1-866-46	lback Rd. #400 85016 -9696
This wi	ll remain in effect unt	Il cancel this request in writing.
I, the ui paymei		nd I still bear responsibility for all insurance
	Owner name	
	Owner address	
	Owner signature	
	Date	