



Date: _____

Name of Insurance Company: _____

Insurance Company Address: _____

Agent Name and Phone: _____

Policy #: _____

Property Address: _____

Property Owner: _____

To Whom It May Concern:

Arizona Living Rentals & Property Management (ALRPM) is managing the above-named rental property, on which you have liability insurance. ALRPM, during the term of the Property Management Agreement, has my Power of Attorney (POA) for matters associated with the above-named property. The POA is included with this letter.

Please:

- Add ALRPM as an additional insured on the liability policy.
- Mail a certificate of insurance to the following address:

Arizona Living Rentals & Property Management
135 Park Avenue
Lake Havasu City, Arizona 86403

Owner

Owner