



1701 Moon St. NE Suite #300
Albuquerque, NM 87112
Office (505) 298-1181 Fax (505) 232-2514
www.tandcmanagement.com

ADDITIONAL INSURED AUTHORIZATION FORM

Date: _____

Insurance Company: _____

Agent: _____

Address: _____
Street State Zip

Account Number: _____

Subject Property Address: _____
Street State Zip

To Whom It May Concern:

Effective _____, my property address referenced above will become a rental property managed by T&C Management LLC. Any problems with the insurance or any questions regarding this property should be referenced to them at the following address.

_____ (Owner's Name)
c/o T&C Management LLC
1701 Moon Street NE Suite #300
Albuquerque, NM 87112
(505) 298-1181

Further, T&C Management LLC should be named as additional insured and the policy coverage should protect this agent in the same manner and to the same extent as myself. Please make all these necessary changes at your earliest convenience. If there is any significant increase or decrease in the policy premiums please notify the property management company for instructions as to how to notify me.

Thank You.

Sincerely,

Owner Signature

Date