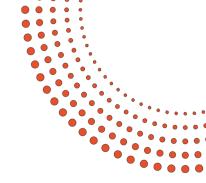


Owner or Authorized Signature



Company Name:	Date:
Agent's Name:	
Agent's Phone: ()	
Agent's E-mail:	
Policy Number:	
To Whom It May Concern: I have contracted with Auben Realty, LLC to manage my rental property, which is insured with your cor	
agreement requires that the management company be added to my insu Additional Insured (NOT Additional Interest) for liability purposes.	
At this time, please add Auben Realty, LLC as Additional Insured to my pabovementioned property.	policy on the
It is my understanding that there is no additional cost for this endorseme charge, please contact me prior to making any changes to my policy. Otlendorsement directly to the address below and copy me (owner/policyhol	herwise, please mail the
Auben Realty, LLC 909 Walker Street Augusta, Georgia 30901	
Additional questions: contact Erica Barraza of Auben Realty, LLC at ebarraza@aubenrealty.com .	
Thank you for your assistance in this matter.	

Date

Owner or Authorized Signature

Date