



INSURANCE AUTHORIZATION FORM

Concerning Property at:	
Date:	
To: (Insurance Co. Name)	
To: (Insurance Company Address)	
From:	

I request my insurance policy covering the property listed above be modified to add Pathfinder Property Management as “additional insured.”

In addition, please supply Pathfinder Property Management, with a copy of this insurance policy.

Pathfinder Property Management	
905 Cedar Lake Blvd, Georgetown, TX 78633	
Kimberly Ann Parker, Broker/Owner	Phone: (512) 731-7395
	Email: Kimberly@PathfinderTexas.com

I am also granting Pathfinder Property Management authorization to request information on or concerning the subject property / insurance policy on my behalf.

This authority will remain in effect until I, or until Pathfinder Property Management, submits a cancellation request in writing.

I, the undersigned, understand I still bear responsibility for all insurance payments.

Full Name on Policy	
Owner Email	
Owner Phone	
Insurance Policy Number	

Signature:	Date:
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