

Date: _____

_____ (insert insurance company name & address)

To Whom It May Concern:

Re. Pol#: _____

Property Address: _____

Please be advised that as of _____ Windsor Pacific Property Management will be the management company for the above referenced address(es).

Please name Windsor Pacific Property Management as "additional insured" in the policy. Please send copy of certificate to:

Rescom, Inc.
Dba: Windsor Pacific Property Management
231 Market Place #412
San Ramon CA 94583
925/248-5030
925/248-5033 Fax

Thank you in advance for your cooperation.

Property Owner

Property Owner

Cc: Windsor Pacific Property Management