

Authorization for Addition of Additional Insured Party

Date: _____

To Whom It May Concern,

I, [Your Name], the undersigned, hereby authorize the addition of the following party as an additional insured under my insurance policy:

Additional Insured Party:

Name: [Additional Insured Name]

Address: [Additional Insured Address]

Contact Number: [Additional Insured Phone Number]

Insurance Policy Details:

Policy Number: [Your Policy Number]

Insurance Company: [Insurance Company Name]

This authorization is valid for the duration of the insurance policy and may be revoked in writing at any time.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title, if applicable]

[Your Company Name, if applicable]

[Your Address]

[Your Phone Number]