

**OWNERS REQUEST FOR
ADDITIONAL INSURED RIDER**

DATE: _____

FROM: OWNERS NAME: _____
CONTACT NUMBER: _____

RE: PROPERTY ADDRESS: _____

TO: INSURANCE COMPANY

Company Name: _____

Local Agent: _____

Address: _____

Agent's Phone #: _____

Agent's Fax #: _____

Policy #: _____

MESSAGE:

Please mail a certificate of insurance naming International Golf Realty, Inc. as "additional insured" to the name and address below.

International Golf Realty, Inc.
335 S Legacy Trail #B-118
St. Augustine, FL 32092
Tel: (904) 940-9990 Fax: (904) 940-9989

Owner Signature

Date

Printed Name

Owner is responsible for completing form and submitting to Insurance Company