



## INSURANCE CHANGE NOTIFICATION

DATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY NUMBER: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

AGENT PHONE NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

To Whom It May Concern:

I have recently contracted Bedard First, Inc DBA Capital First Management to manage my property listed above which I will be leasing out. According to the management agreement, I need to have comprehensive public liability property insurance, fire and extended coverage hazard insurance in the amount equal to full replacement cost of the structure and other improvements and list **Bedard First, Inc. as an additional insured. Please send a certificate of insurance to:**

Bedard First, Inc.  
1070 N. Cole Road  
Boise, ID 83704  
Office 208-378-1616  
Fax 208-906-8601  
Email [info@gotrentidaho.com](mailto:info@gotrentidaho.com)

Sincerely,

\_\_\_\_\_  
Owner