



VENDOR AGREEMENT

PERMISSION TO RELEASE INSURANCE INFORMATION

I, _____
(vendor name and address),

hereby authorize _____
(print name of vendor's insurance agent)

to provide a complete copy of my General Commercial Liability and all endorsements as well as a current Certificate of Liability Insurance

to the following:

EMAIL: Info@rentworkspm.com

MAIL
Rentworks, LLC
Attn: Compliance Dept.
3300 Henderson Blvd Suite 103
Tampa, FL 33609

This authorization/request shall be valid as to all additions, revisions, deletions, endorsements, etc. to the policy, as well as all renewal policies as they become effective.

(vendor signature)

(date)