



## 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: [Christy@rentworkspm.com](mailto:Christy@rentworkspm.com)

MAIL TO:  
Rentworks, LLC  
Attn: Vendor 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)