



TEAM PMI MILE HIGH



HOMEOWNER INSURANCE VERIFICATION FORM

It is a requirement of our company that our property owners name PMI Mile High, as an additional insured on your Liability insurance policy. Please complete this form and send to your insurance company and PMI Mile High.

OWNER NAME(S): _____

SUBJECT PROPERTY ADDRESS: _____

The required amounts are as follows:

- Insurance policy that names PMI Mile High as a co-insured or additional insured and covers losses related to the Property in an amount of not less than \$300,000 per occurrence or \$500,000 if the Property contains a pool, attractive nuisance, or latent defects on an occurrence basis.

INSURANCE INFORMATION

Name of Agent: _____

Insurance Company: _____

Policy Number: _____

Liability Coverage: _____

Agent Contact number: _____

Agent Email: _____

As Owner(s) of subject property, I/We authorize named insurance company to add PMI Mile High as an additional insured name on our liability insurance policy.

Insured/Owner Signature
Date:

Insured/Owner Signature
Date:

PMI Mile High
11859 N Pecos St Ste 200 Westminster, CO 80234
303-750-7070 admin@pmimilehigh.com