

DISCLOSURE INSURANCE COVERAGE

TENANT(S): _____ DATE: _____
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

Landlord: _____
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

Pursuant to your request, the name of the company insuring the property against loss or damage by fire is:

Name of Insurance Company

The amount of insurance provided by such Company is \$ _____

The person who would receive payment for a loss covered by such insurance is: _____

Landlord Phone