

### 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