**MA-RTG-41** Massachusetts

## **DISCLOSURE INSURANCE COVERAGE**

TENANT(S):		DATE:
ADDRESS:		UNII:
CITY:	STATE:	ZIP:
Landlord:		
ADDRESS.		UNIT:
ADDRESS: CITY:	STATE:	
	STATE.	XIP:
Durant to your request the name of the		atu ancient lang an damagan
Pursuant to your request, the name of the	company insuring the prope	rty against loss of damage
by fire is:		
	_	
Name of Insurance Company		
The amount of insurance provided by such	h Company is \$	
The person who would receive payment for	or a loss covered by such ins	surance is:
Landlord	Phone	
	Thome	
	*	
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