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

PREVIEW ONLY

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