

Renters Insurance Lease Requirement

As a condition of our Apartment Lease Contract all residents of this community are required to maintain a resident liability or property damage insurance policy which meets the following:

- Proof of a \$100,000 minimum resident liability or property damage insurance policy is required for the term of your lease.
- This policy must provide coverage for damage you may cause to the apartment due to water, fire, smoke or explosion.
- Creekside Apartments must to be named as "Interested Party" or "Additional Interest" on your policy.

Please note that Creekside Apartments associates are not licensed to answer insurance questions or advise on insurance matters.

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To: Creekside Apartments FAX: 325.944.8276 Email: Creekside@clkmm.com

This confirms that _____ obtained a renters insurance policy issued by _____ (insurance company) that covers the apartment home located at 3018 Knickerbocker Road Unit _____, and satisfies each of the conditions listed above. These requirements are necessary for alignment with our lease document and to help improve Fair Housing compliance by ensuring consistent treatment of all applicants.

Specifics of the Policy:

Policy # _____

Effective Date: _____

Policy Type: _____

Policy Expiration: _____

- Liability Coverage \$100,000 or more.
- The Policy covers property damage a resident may cause to the apartment as a result of fire, smoke, explosion *and water* in the exclusion to Liability Coverage for property damage rented to, occupied or used by or in the care of the insured. This provision adds water to the causes of fire, smoke and explosion which are already common, but for which this exclusion does not apply.
- Creekside Apartments is named as an "Interested Party" or "Additional Interest".
- We confirm that that no commission, compensation or other benefit, financial or otherwise, is provided to the community team members or Management Company related to this policy.

Sincerely,

Insurance Agent Signature _____ Date _____

Signature on this document only confirms the individual is an agent for the insurance agency below, and the accuracy of the coverage represented above.

AGENT NAME _____

AGENCY NAME _____

AGENCY ADDRESS _____

AGENCY TELEPHONE _____