

INSURANCE NOT COVERING THE ENTIRE RENTAL PERIOD

Shareholder Name(s): _____

Building: _____ Apartment No.: _____

Subleasing Name(s): _____

Insurance Co. Name: _____

Policy Dates: From: _____ To: _____

The insurance coverage for Building _____, Apt. _____, located at _____ does not cover the rental period in its entirety. I am hereby agreeing to maintain insurance coverage during this rental period and will forward to the Office a copy of the extension upon renewal.

WITNESS(ES):

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

SHAREHOLDER(S):

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____