

EL PASEO

A SENIOR COMMUNITY

3980 E. Owens Avenue. Las Vegas, NV 89110

Telephone: (702) 438-3132

Renters Insurance Notification and Agreement

I understand that any property of liability insurance coverage purchased by the Property Manager or Owner is not intended to, and will not protect against, any loss or damage (i.e. burglary, vandalism, fire, smoke, flood, or any other perils) to my personal property or belongings nor protect against any loss or damage resulting from my, my family or my guest's actions or omissions. I also understand that by not having renters insurance of my own, I could be liable to third parties and to the Property Owner for certain losses and understand that I should not expect the Property Manager or Owner to be responsible for such losses.

Select One:

1. **I will purchase renters insurance coverage.** I recognize my need for property and liability insurance and want to take advantage of the program made available to residents.

2. **I have renter's insurance coverage.** I have, and will maintain throughout the term of my lease, the following coverage:

Insurance Company _____

Policy Number _____

Property Limit _____

Liability Limit _____

3. **I DO NOT have renter's insurance coverage.** Although I recognize my need for renters insurance, I will not, at this time, be obtaining such insurance coverage and will be personally responsible for any property or liability damage to the Property Manager's Owner's or Third Party's property as a result of my, my family's or my guest's actions.

This form must be completed in full and signed by both the residents and an authorized management representative.

Resident Printed Name _____

Resident Signature _____

Date _____

Authorized Owner Representative Signature _____

Lease Term _____

12 Months _____

Apartment # **Move-In Date** _____

EL PASEO SENIOR APRTMENTS (Community Name)