

AREA ID: ML

AMERICAN BANKERS INSURANCE COMPANY

OF FLORIDA
11222 Quail Roost Drive, Miami, FL 33157-6596AMENDED DECLARATION * * * * EFFECTIVE 10/31/20
12.01 AM, STANDARD TIME SUPERSEDES PREVIOUS
DECLARATION BEARING SAME NUMBER FOR THIS PERIOD

MULTIPLE CHANGES

POLICY NUMBER	POLICY PERIOD FROM TO		POLICY TYPE	AGENCY	P
RIN 2191732	06/01/20	06/01/21	RENTERS INSURANCE	0DW2001	00
YOU AS NAMED INSURED AND ADDRESS			AGENT/ACCOUNT		
ELIZABETH WICHMAN 7300 KENNEDY BLVD E APT 5H NORTH BERGEN NJ 07047			GEICO INSURANCE AGENCY, INC. 1-877-900-0344 1 GEICO BLVD FREDERICKSBURG VA 22412		

IMPORTANT: THIS POLICY DOES NOT INCLUDE COVERAGE FOR FLOOD LOSSES TO YOUR
BUILDING, CONTENTS, OR POSSESSIONS.

RATING INFORMATION - APARTMENT/CONDOMINIUM, TERRITORY 5

INSURED RESIDENCE PREMISES IS LOCATED AT:

7300 KENNEDY BLVD E APT 5H
NORTH BERGEN NJ 07047

COVERAGE	AMOUNT OF COVERAGE	PREMIUM
PERSONAL PROPERTY	\$25,000 LESS DEDUCTIBLE OF \$250	\$155.00
PERSONAL LIABILITY	\$100,000 PER OCCURRENCE	\$8.00
MEDICAL PAYMENTS	\$1,000 PER PERSON	INCL
LOSS OF USE	\$5,000 PER OCCURRENCE	INCL

ADDITIONAL COVERAGES AND CREDITS/SURCHARGES NOT INCLUDED IN THE ABOVE PREMIUM		
IDENTITY FRAUD	\$15,000 LIMIT	\$35.00
NJ PLIGA SURCHARGE		\$1.00
WORKERS COMP #0910		\$1.00

TOTAL ADDITIONAL PREMIUM	\$37.00
TOTAL PREMIUM	\$200.00

ADDITIONAL COVERAGES AND CREDITS/SURCHARGES INCLUDED IN THE TOTAL PREMIUM	
REPLACEMENT COST	INCL

PREVIOUS PREMIUM:	\$196.00	CHANGE:	\$2.33	NEW PREMIUM:	\$200.00
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FORMS AND ENDORSEMENTS

DF00965A-0419 *, M3789-0207 *, M4783-1209 *, NIP1982-0213 *, NT0046-0415 *,

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NT0147-1216 *, N1933-0201 *, N2034-1099 *, N9684-0207 *, AB4720EC-0307 *,
AB4852EC-0717 *, AJ8850PC-0307 *, AJ9234EC-0207 *, AJ9236EC-0706 *,
AJ9818EPC-1112*, AJ9854EPC-0708*.

**AMERICAN BANKERS INSURANCE COMPANY
OF FLORIDA**

11222 Quail Roost Drive, Miami, FL 33157-6596 • (305) 253-2244

PROOF OF MANDATORY INSURANCE REQUIREMENT CREDIT

We will provide a credit to the base premium of your Renters Insurance Policy, excluding any billing fees if your lease contract requires all residents in the property to carry renters insurance. In order to receive the credit we require a copy of the signed lease agreement that states it is a requirement.

Please include the following information with the proof of the Mandatory Insurance Requirement.

- The full address of the property being rented.
- The name of the Property Management Company or Landlord with the address and telephone number.
- The effective date of the lease.
- The name of the occupant(s) listed on the lease.

I have attached documentation to this notice confirming that proof of insurance is a requirement of my lease agreement.

Primary Named Insured (Please Print)	Policy Number
Address	Telephone Number
Primary Named Insured's Signature X	Date

Please mail, email or fax completed form and attachments to:

Assurant Specialty Property
P.O. Box 979220
Miami, FL 33197-9220
Fax: (305) 252-7037
Email: rentersmail@assurant.com