

Renters Insurance Request to Schedule Personal Property

Your Renters Insurance Policy includes limited coverage for loss by theft for jewelry, watches, and furs. If you would like to obtain additional coverage for your valuable items, please follow the instructions below and submit all required documentation and photo(s) as required. Please note that loose stones are not eligible to be scheduled.

Steps to schedule your personal property:

1. Complete the Request to Schedule Personal Property questionnaire in full. **Incomplete forms will not be processed and will be returned to you.**
2. Include the following **Required Documentation**:
 1. Either a U.S. [appraisal](#) for each item dated within 24 months and must include the name of the appraisal company, the business address, the phone number and the signature of the appraiser. The appraisal must list values for each item separately, unless the items have been soldered together. Include any [GEM lab reports /certificate of authenticity](#) if referenced on the appraisal. Or a receipt dated within 24 months, must include the name of the company, the business address, business phone number, the purchase date, and proof payment was made.
 2. Current [photo\(s\)](#) of the item(s) taken next to a newspaper, magazine, or electronic device reflecting the date the photos were taken.
3. Submit the completed questionnaire and required documentation referenced above together and be sure to reference your policy number:

By Mail: Attention: Renters Solutions Underwriting Department
Assurant
PO BOX 202120
Florence, SC 29502-2120

By Fax: 305-252-6951
Attention: Renters Solutions Underwriting Department

By Email: property.underwriting@assurant.com

Please note that submission of this request does not guarantee or extend coverage. The request must be reviewed and accepted before coverage will be bound. The company reserves the right to request additional information. Upon approval, an amended declaration page and the Scheduled Personal Property Endorsement will be provided showing the covered item(s) and the effective date.

Should you have any questions regarding your coverage please call us at 1-800-432-8612, Monday through Friday from 8 a.m. to 8 p.m., ET.

RENTERS INSURANCE REQUEST TO SCHEDULE PERSONAL PROPERTY

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------------------------------|
| PRIMARY NAMED INSURED (PLEASE PRINT) | | DATE OF BIRTH (REQUIRED) | POLICY NUMBER (REQUIRED) | TELEPHONE NUMBER |
| ADDITIONAL NAMED INSURED (IF APPLICABLE, PLEASE PRINT) | | DATE OF BIRTH (REQUIRED) | | TELEPHONE NUMBER |
| ADDRESS (REQUIRED) | | CITY | STATE | ZIP CODE |
| Describe residence: <input type="checkbox"/> Single family home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex/triplex/fourplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Other: _____ | | | | |
| Is your rental home protected by any of the devices listed below? Please check all that apply. <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Gated Community <input type="checkbox"/> Fire Proof Safe <input type="checkbox"/> Alarm System <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Security Guard <input type="checkbox"/> Security Camera(s) <input type="checkbox"/> Other (please specify): _____ | | | | |
| Household Income: <input type="checkbox"/> \$0 - \$15,000 <input type="checkbox"/> \$15,000 - \$30,000 <input type="checkbox"/> \$30,000 - \$60,000 <input type="checkbox"/> \$60,000 - GREATER | | | | |
| Monthly Rent Amount (Required): \$ _____ | | | | |
| Have you been at this address for 3 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| IF NO, please provide your previous address: | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE |
| CURRENT EMPLOYMENT STATUS OF INSURED AND ADDITIONAL INSURED – (REQUIRED) | | | | |
| PRIMARY INSURED – (REQUIRED) | | | | |
| <input type="checkbox"/> Employed | NAME OF EMPLOYER | | | |
| ADDRESS | | | TELEPHONE NUMBER | |
| <input type="checkbox"/> Self-Employed | NAME OF COMPANY | | | |
| ADDRESS | | | TELEPHONE NUMBER | |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed | Source of Income: _____ | | |
| ADDITIONAL INSURED - (REQUIRED) | | | | |
| <input type="checkbox"/> Employed | NAME OF EMPLOYER | | | |
| ADDRESS | | | TELEPHONE NUMBER | |
| <input type="checkbox"/> Self-Employed | NAME OF COMPANY | | | |
| ADDRESS | | | TELEPHONE NUMBER | |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed | Source of Income: _____ | | |
| Underwriting: All questions herein apply to both the Insured and the Additional Insured-(REQUIRED) Yes No | | | | |
| Do you own all the items you are requesting to be scheduled? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the item(s) currently insured or was the item(s) insured within the last 60 days? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, please provide the name of the insurance company: IF NO, please explain: _____ | | | | |
| Have you or anyone in your household been indicted, or convicted of fraud, arson, theft, or a financial crime within the last 10 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, please explain: _____ | | | | |
| Has any homeowners or jewelry coverage been declined, cancelled or non-renewed in the last 3 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or anyone in your household had any non-weather related personal property losses (paid or not) in the last three years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date | Type of loss | Cause of loss | | Amount/Value of loss |
| | | | | |
| | | | | |
| | | | | |
| If Yes, please provide the residential address at the time of loss? _____ | | | | |
| If you have multiple losses at multiple addresses, please provide those addresses as well? _____ | | | | |

JEWELRY REQUESTS

| Item # | Description <i>(Please add a second page if needed)</i> | Requested Amount of Coverage * | Date Acquired | PURCHASED, GIFT, INHERITED <i>(list one)</i> |
|--------|------------------------------------------------------------|-----------------------------------|---------------|-------------------------------------------------|
|--------|------------------------------------------------------------|-----------------------------------|---------------|-------------------------------------------------|

*** Please be advised, the requested coverage amount(s) cannot exceed 100% of your personal property coverage limit. By signing this request for scheduled personal property, you authorize us to automatically increase your personal property coverage to the necessary limit if your current limit is inadequate. The maximum amount of coverage we offer for a single item is \$30,000. The maximum for all items cannot exceed \$50,000.**

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| | | | | |

When jewelry is not being worn, is it stored in a safe? ☐ Yes ☐ No

IF NO, where are item(s) stored? _____

Is someone else's name listed on the appraisal(s) or receipt(s)? ☐ Yes ☐ No

IF YES, how is this person related to you? _____

Will you be giving this item(s) to someone else? ☐ Yes ☐ No

IF YES, are you giving the jewelry to a spouse, a family member living with you, or a person listed on your policy? ☐ Yes ☐ No

IF NO, is this item an engagement ring? ☐ Yes ☐ No

IF YES, please provide the name and address of your fiancé/fiancée/spouse. Please be advised by providing this information you are authorizing us to add the individual listed below as an additional insured on the scheduled personal property endorsement.

| | | | |
|---------------------|--------------------------|-------|----------|
| NAME (PLEASE PRINT) | DATE OF BIRTH (REQUIRED) | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

COINS, STAMPS, FINE ARTS, FURS, SILVERWARE, MUSICAL OR CAMERA EQUIPMENT

| Item # | Description <i>(Please add a second page if needed)</i> | Requested Amount of Coverage * | Purchase Date |
|--------|------------------------------------------------------------|-----------------------------------|---------------|
| | | | |
| | | | |
| | | | |

How are the stored? _____

Where are, they stored? *(Please provide the address if away from the insured premises)*

Address: _____

Are any of the item(s) used at any time for monetary compensation? ☐ Yes ☐ No

IF YES, please describe use: _____

Please provide your email address so that we may notify you that your request has been received. The email address provided below will only be used to contact you regarding your Schedule Personal Property request. Request(s) that do not include an email address will be sent via postal mail to the address on file.

| |
|---------------|
| EMAIL ADDRESS |
|---------------|

Please review the "REQUIRED DOCUMENTATION" noted on page 1 and verify the following information is included with your submission:

- ☐ All the questions on page 2 and 3 have been answered.
- ☐ Either an appraisal for each item dated within the last 24 months or a receipt dated within 24 months.
- ☐ Current photo(s) of all item(s).

Applicant Statement: By signing below, I confirm that all statements made in this request are true and correct and that I have read the Fraud Notice included with this questionnaire.

| | |
|--------------------------------------------------------|-----------------|
| SIGNATURE (PRIMARY NAMED INSURED REQUIRED) X | DATE (REQUIRED) |
|--------------------------------------------------------|-----------------|

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington, D.C.: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.