

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. 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.
 2. If the item(s) was purchased within the last 12 months, we will require a copy of the bill of sale reflecting the business name, address, phone number purchase date, and payment made.
 3. A dated [photo](#) of the item(s) next to a newspaper, magazine or online news article reflecting the date being within 30 days of the date of submission.
3. Submit the completed questionnaire and required documentation referenced above together and be sure to reference your policy number:

By Mail: Attention: Multi-Lines Underwriting Department
Assurant
11222 Quail Roost Drive
Miami Florida 33157-6596

By Fax: 305-252-6951
Attention: Multi-Lines 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 investigated, arrested, or convicted of a 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 had more than 3 non-weather related personal property losses in the preceding 3 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>
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*** 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.**

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.
- ☐ An appraisal for each item dated within the last 24 months has been provided
- ☐ The bill of sale for each item purchased within the last 12 months has been provided.
- ☐ A photo dated within 30 days of the date of submission.

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)	DATE (REQUIRED)
X	

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.