

## FACTS ABOUT RENTERS INSURANCE

Live Oak Apartments  
555 S. Orchard Ave.  
Ukiah, CA 95482

To: Residents(s): \_\_\_\_\_

Address/Apartment #: 555 S. Orchard Avenue, Ukiah, CA 95482 Apartment # \_\_\_\_\_

The purpose of this letter is to inform you concerning insurance coverage so that you may protect yourself against loss, and to help prevent misunderstandings concerning the Owner's insurance coverage.

1. **THE OWNER IS NOT** legally responsible for loss to the resident's personal property, possessions or personal liability, and the owner's insurance will not cover such losses or damages.
2. The **OWNER'S INSURANCE COMPANY** may have the right to attempt (under the "subrogation clause") to recover from the resident(s) payments made under owner's policy for damages or injury to owner's property that is caused by resident, resident's quest(s) or child (children).
3. The following is a list of possible misfortunes (but not limited to) you could be held legally responsible for:
  - a. Your babysitter injures her self in your apartment.
  - b. Your defective electrical extension cord starts a fire, which causes damage to the building and your personal property and/or the personal property of others.
  - c. A friend is injured while helping you slide out your refrigerator so you can clean behind it.
  - d. While fixing your television set, a repairperson hired by you is injured when they slip on the floor you have just waxed.
  - e. Your locked car is broken into and your personal property and that of a friend's is stolen.
  - f. A burglar breaks your front door lock and steals your valuable or personal property.
  - g. Damages resulting from a waterbed leak.
4. If you desire to protect yourself and your property against loss, damage, or liability, the **OWNER** strongly recommends you consult with your insurance agent and obtain appropriate coverage for fire, theft, liability, workers' compensation and other perils.

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date