INITIAL CLAIM FORM

LANDLORD RENT DEFAULT INSURANCE

WE ADVISE THAT YOU REFER TO YOUR POLICY'S TERMS AND CONDITIONS TO ENSURE THAT YOUR LOSS IS COVERED UNDER YOUR POLICY AND THAT YOU HAVE TAKEN ALL REQUIRED ACTIONS PRIOR TO SUBMITTING A CLAIM.

All fields marked * are required.

1. Policy Information

Policy Number*: _____

Named Insured*: _____

2. Contact Information* (Select one)

[ ] Landlord [ ] Property Manager [ ] Other: _____

The Claim Adjuster will use the contact information below to request any additional information regarding this claim.

Contact First Name*: _____

Contact Last Name*: _____

Contact Phone Number*: _____

Contact Phone Number Extension: _____

Contact Email*: _____

Contact Mailing Address*: _____

3. Lease Information

Rental Unit Address*: _____

Rent Checks are payable to (legal entity name)*: _____
Claims payment will be made payable to the information provided here

Monthly rent amount*: _____

Day of the month rent payment is due*: _____

[ ] Current tenant is on a month-to-month lease arrangement

Original lease start date*: _____

Original lease expiration date*: _____

Please provide a copy of the current lease agreement.

4. Tenant's Default Information

Date of 1st date of non-payment of monthly rent*: _____
The date on which the tenant was supposed to pay rent

Please provide the defaulting tenant's most up to date rental ledger.

Prior to submitting a claim following a tenant's default, you must be able to answer yes to at least one of the questions below*:

Have you regained possession of the rental unit under the service contract?

[ ] yes [ ] no

If 'yes', please share the date of repossession: _____

Has the lease expired?

[ ] yes [ ] no

Is there a judgment against the tenant under the lease following a plenary action?

[ ] yes [ ] no

If 'yes', please share the date of judgment: _____

Date when Notice of Default was posted to the tenant (leave blank if not applicable): _____

If applicable, provide a copy of the Notice of Default.

What initial action was taken?

[ ] Regained possession of the unit after tenant abandonment

[ ] Filed for eviction

[ ] Started plenary action

[ ] Send notice to pay or quit

[ ] Other

Description (if you mark Other): _____

Date when the initial action was commenced*: _____

5. Reason for the Claim

Provide the reason for this claim (select only one of the options below)*:

[ ] Tenant passed away and no one is able to continue paying rent

Provide a copy of the death certificate, obituary report, news article or any other proof of tenant's death (if applicable)

[ ] Tenant has received a court order canceling the lease for reasons other than the landlord's or the property manager's failure to comply with the lease

Provide a copy of the court order canceling the lease (if applicable)

[ ] Tenant failed to pay rent and is more than 5 days behind on rent payment

Provide a copy of the Notice of Default, the Eviction Notice, and any court filings and judgements with respect to the tenant's default

[ ] Tenant has been called for military duty and had to break the lease

Provide a copy of the military notice (if applicable)

[ ] Tenant has voluntarily abandoned the rental unit under service contract without notice and prior to the lease expiration date

Provide a copy of the Notice of Default, and any document proving that tenant no longer has a claim to the rental unit. Such document may be a signed statement by you and associated evidence that the rental unit has been abandoned by the tenant

[ ] Tenant and property manager agreed to terminate the lease early following a lease break agreement

Provide a copy of the early lease termination following a lease break agreement (if applicable)

Co-signed or guarantor: have you made attempts to collect payments owed to you by the tenant from the co-signer or the guarantor of the lease prior to submitting this claim?*

[ ] yes [ ] no [ ] There is no co-signer or guarantor to the lease

6. Deposit Held

Enter the amount of security deposit held*: _____

Have you used proceeds from the security deposit or security deposit alternative to cover expenses following the tenant's default?

[ ] yes [ ] no [ ] Security deposit disposition not yet known

If yes, please tell us how these proceeds were used:

Amount used to repair damages caused by defaulting tenant: _____

Amount used to cover legal expenses in connection with the tenant's default: _____

Amount used to cover re-tenanting fees following the tenant's default: _____

If applicable, please provide copies of receipts or invoices as proof that these expenses were incurred. If documentation is not provided, 100% of the security deposit will be considered as a rent credit used to cover nonpayment of rent. In the event that a security deposit is held by a security deposit alternative program, upload a copy of the policy or other appropriate documentation here.

Have you collected new monies from tenant or other parties (including co-signer or guarantor) since the tenant's default date as a recovery for unpaid rent?*: [ ] yes [ ] no

If Yes, what is the amount: $_____

7. Re-Tenanting Status

Have you found a new tenant to replace the defaulting tenant*? [ ] yes [ ] no

Provide either a website link for the rental listing advertised online, or the reason for not being able to place a new tenant: _____

Please provide documentary evidence showing that you are actively trying to re-tenant the rental unit under the service contract. (NOTE: this is required if the unit has not been re-tenanted and no online listing link is provided on this form).

8. Supporting Documents *(to expedite your claim, make sure that all of your supporting documents are provided with this form. All fields marked * are required)*

A copy of the following documents is provided with this claim:

- ☐ The original lease agreement*
- ☐ Tenant's rental ledger showing full records of rental payment history for the lease period. Such ledger may be presented in the form of a spreadsheet*
- ☐ Tenant Employment Verification*
- ☐ Tenant Screening Report (only required if the lease agreement had been in effect for less than 12 months at the time of inquiring for the insurance)
- ☐ Landlord's agreement with property manager (if applicable)
- ☐ Notice of Default (if applicable)
- ☐ Any document showing the cause of your tenant's default as described in Section IV. Such documents may be any of the following*:
  - ☐ Proof of tenant's death
  - ☐ Military Notice
  - ☐ Court order canceling the lease
  - ☐ Court filings or judgements (including eviction filings)
  - ☐ Any document proving that tenant no longer has a claim to the rental unit. Such document may be

any agreement between you and the tenant terminating the lease prior to the lease expiration date after obtaining our written consent; or a signed statement by you and associated evidence that the rental unit has been abandoned by the tenant

- ☐ Initial claim additional document: any other documentary evidence showing that a tenant's default has occurred (if applicable)

- ☐ Any documentation of the basis and the manner in which the security deposit was applied. Such documentation may include receipts and invoices related to damage repairs, legal fees or re-tenanting fees, and documents related to claim payments made under a security deposit alternative policy or other similar policies (if applicable)
- ☐ Any documentary evidence showing that you are actively trying to re-tenant the rental unit (required if unit has not been re-tenanted and no online listing link is provided on this form)
- ☐ Lease agreement with new tenant (required if the rental unit has been re-tenanted)

9. Additional Documents

If applicable, please provide any documentary evidence of damage, legal, or re-tenanting expenses incurred due to the actions of the tenant

Please provide any additional information relevant to this claim that you would like to share with the claim adjuster:

10. Confirmation

I UNDERSTAND THAT THIS CLAIM IS SUBJECT TO ALL RULES, DUTIES, TERMS AND CONDITIONS OF MY POLICY. I UNDERSTAND THAT THE INSURER HAS THE RIGHT TO REQUEST PHYSICAL COPIES OF ALL FORMS AND DOCUMENTS RELATED TO THIS CLAIM. I REPRESENT AND AFFIRM THAT I AM THE NAMED INSURED OR I HAVE THE AUTHORITY TO SUBMIT A CLAIM FOR INSURANCE AS OR ON BEHALF OF THE NAMED INSURED AND HAVE THE REQUISITE KNOWLEDGE TO COMPLETE THIS CLAIM. ACCORDINGLY, I REPRESENT THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

First Name*: _____

Last Name*: _____

Company Title: _____

Signature*: _____ Date*:_____

Once you have completed this form and compiled all the required supporting documents, you may submit the form and documents by email to claims@steadyinsurance.com.