

RENTERS INSURANCE POLICY AGREEMENT

Policy Number: _____ Effective Date: _____

Insured Information:

Full Name: _____

Address of Rented Property: _____

Phone Number: _____

Email Address: _____

Property Details:

Type of Property (Apartment, House, etc.): _____

Number of Bedrooms: _____

Additional Structures (Garages, Sheds, etc.): _____

Coverage and Limits:

Personal Property Coverage Limit: _____ USD

Liability Coverage Limit: _____ USD

Medical Payments Limit: _____ USD

Deductible Amount: _____ USD

Premium and Payment Terms:

Total Premium: _____ USD

Payment Method: _____

Payment Schedule: _____

Clause 1 – Insuring Agreement

The Insurer agrees to provide insurance coverage to the Insured, subject to the terms, conditions, and exclusions of this Policy, for loss or damage to personal property and liability arising from the use or occupancy of the insured rental property.

Clause 2 – Definitions

Definitions applicable to this Policy are as follows: “Insured” means the person(s) named above; “Property” means the rented dwelling and any personal property listed or covered; “Loss” means direct physical loss or damage.

Clause 3 – Coverage A: Personal Property

This Policy covers personal property owned or used by the Insured while at the insured location, subject to the coverage limit and deductible specified herein.

Clause 4 – Coverage B: Liability

This Policy provides personal liability coverage for bodily injury or property damage caused by the Insured or members of the Insured’s household to third parties.

Clause 5 – Coverage C: Medical Payments

This Policy covers reasonable medical expenses incurred by third parties who suffer bodily injury at the insured location, regardless of fault, up to the limit specified.

Clause 6 – Exclusions

This Policy does not cover loss or liability arising from intentional acts, wear and tear, war, nuclear hazard, flood, earthquake, or any other perils excluded in this Policy.

Clause 7 – Conditions

The Insured must promptly notify the Insurer of any loss, cooperate with investigations, protect property from further damage, and provide necessary documentation to support claims.

Clause 8 – Claims and Notice

All claims must be reported in writing to the Insurer within a reasonable time frame. The Insurer reserves the right to inspect damaged property and requires proof of loss.

Clause 9 – Cancellation and Non-Renewal

This Policy may be canceled or non-renewed by the Insurer or Insured in accordance with applicable law and the terms specified herein.

Clause 10 – Policy Period

Coverage is effective for the period stated in the Policy Declarations and is contingent upon timely payment of premium.

Clause 11 – Subrogation

The Insurer may pursue recovery from any third party responsible for loss covered by this Policy.

Clause 12 – Fraud and Misrepresentation

Any fraudulent act or material misrepresentation by the Insured voids coverage for the related loss.

Clause 13 – Legal Action Against Insurer

No legal action may be brought against the Insurer unless all Policy conditions have been met and the action is commenced within the time limits prescribed by law.

Clause 14 – Governing Law and Jurisdiction

This Policy is governed by the laws of the United States and the state where the insured property is located, without regard to conflict of law principles.

Clause 15 – Entire Agreement

This Policy, including the Declarations and endorsements, constitutes the entire agreement between the parties.

Clause 16 – Amendments

No change to this Policy is effective unless made by endorsement issued by the Insurer.

Clause 17 – Duties After Loss

The Insured must take reasonable steps to protect covered property from further damage and submit to examination under oath if requested.

Clause 18 – Limit of Liability

The Insurer's liability shall not exceed the limits stated in this Policy.

Clause 19 – Deductible

The Insured shall bear the deductible amount specified for each covered loss.

Clause 20 – Signatures; Execution

This Policy is executed by authorized representatives of the Insurer and acknowledged by the Insured by signing below.

INSURED'S SIGNATURE

INSURER'S AUTHORIZED SIGNATURE

Signature: _____

Signature: _____

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