

**Policy Number**

Named Insured(s)

Co-Applicant

Roommate#1

Roommate#2

Email

Phone Number

Alternate Phone#

Contact person(s)

Address

**Section 1 - Property**

Tenant Package Type

Coverage Description	Deductible	Basis of Settlement	Limit of Insurance
<b>Insured# 1</b>			
A. Personal Property		Replacement Cost	
Property away from premises		Replacement Cost	\$1,000
B. Additional Living Expenses			
<b>Roommate# 1</b>			
A. Personal Property		Replacement Cost	
Property away from premises		Replacement Cost	\$1,000
B. Additional Living Expenses			
<b>Roommate# 2</b>			
A. Personal Property		Replacement Cost	
Property away from premises		Replacement Cost	\$1,000
B. Additional Living Expenses			
<b>Special Limits of Insurance</b>			
Jewellery		Replacement Cost	
Bicycle(s)		Replacement Cost	
Computers		Replacement Cost	
Animals, Birds, Fish		Replacement Cost	
Freezer Food Spoilage		Replacement Cost	

**Section II - Liability**

Coverage Description	Deductible	Limit of Insurance
C. Personal Liability (Per occurrence)		
D. Tenant's Legal Liability		\$100,000
E. Voluntary Medical Payments		\$6,000
F. Voluntary Property Damage Payments		\$2,000
G. Voluntary Compensation for Residence Employee (weekly amount)		\$100/week

**Loss Date:**

**Claim Details:**

*Email completed form to [tenantclaims@agileuw.ca](mailto:tenantclaims@agileuw.ca).*