eRenterPlan
INSURANCE FOR APARTMENT RESIDENTS

Approved Community:

Marina Pointe

Marina del Rey, CA 90292

Insurance Election Form

5 Simple Steps And You're On Your Way...

1. Confirm your personal information (name, address, phone number) in Step 1.
2. Select one of the plans and payment terms in Step 2.
3. Select one payment method for your policy.
4. Read, Sign, and Date the Election Form.
5. Fax Election Form to LeasingDesk at **1-888-484-7227**

1. Please provide the following:

* Resident Name(s): _____ Resident Name 1

_____ Resident Name 2

_____ Resident Name 3

* Apartment#: _____

* Move-In Date: _____

* Phone: _____

Email: _____

* Required Information

2. Select the coverage amount that's right for you: (Please check only one plan and the premium for the payment term you select.)

Base Coverage Option	Option 1	Option 2	Option 3
Personal Property and Additional Living Expenses	$40,000	$30,000	$20,000
Personal Liability Coverage	$100,000	$100,000	$100,000
Medical Payments to Others	$1,000	$1,000	$1,000
Deductible	$250	$250	$250
Monthly Premium	$26.00 ❑	$22.00 ❑	$18.00 ❑
Annual Premium	$312.00 ❑	$264.00 ❑	$216.00 ❑

Optional Coverages	
Jewelry Theft Sublimit	Annual Premium
$1,000	Included
$2,500	**$24.00** ❑
$5,000	**$60.00** ❑

Premium for optional jewelry coverage will be billed monthly or annually based on your base product selection.

The information given here is only a summary of coverage provided by these policies and the policies contain the terms, conditions, and exclusions. Please refer to the full policy for more information. More information and online signup for eRenterPlan can be found online at: **www.eRenterPlan.com**

3. Payment Option

(Please check one and sign below.)

❑ **Checking Account Debit**

I request and authorize you to make withdrawls, by way of electronic transfer, from my checking account listed on the attached check, for the premium when due.

Please attach a voided check.

❑ **Credit / Debit Card Charge**

I request and authorize you to charge my MasterCard, VISA, Discover or American Express designated below for the premium when due.

❑ VISA ❑ MasterCard ❑ ❑ DISCOVER

Exp. Date: __ __ /__ __

__ __ __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __

_____ Name on Card

4. Authorization, Acknowledgement & Notice

- I authorize American Modern Insurance Group to provide the leasing office a copy of any notice of cancellation or non-renewal of my policy.
- The policy is my contract for insurance, not this Insurance Election Form
- American Modern Insurance Group will mail all policy information within 15 days and it will contain the coverage effective dates.
- I understand that purchasing insurance from American Modern Insurance Group and/or LeasingDesk Insurance Services, LLC is not a condition of my lease and that I may purchase an insurance policy from the agent and/or company of my choice.
- I acknowledge, that this Insurance may provide greater coverage than may be required by the Lessor.

X _____ Resident's Signature _____ Date

X _____ Resident's Signature _____ Date

5. Fax to LeasingDesk at 1-888-484-7227 *(No Coversheet Needed)*

Leasing Office Employees are not licensed agents. If you have questions regarding this insurance please call **1-888-205-8118**. eRenterPlan/Preferred Renters Policy and Liability Policies are underwritten by American Modern Insurance Company and offered through LeasingDesk Insurance Services, LLC.

Decline: I/we decline the eRenterPlan renters insurance program. I/we will obtain my/our own insurance or self insure per the terms of my rental agreement.

X _____ Resident's Signature Date: _____