

MIRentalGuard Application

Applicant:
Mailing Address:
Contact name:
Telephone and Fax:
Email:

Terms and Conditions	
<ol style="list-style-type: none"> 1) I have read and understand the Description of Coverage provided. 2) I accept the policy terms and conditions and understand that I am contracting with MIRentalGuard to provide administration of insurance for the listed properties including collecting payment of premium. 3) Claims will be submitted to MIRentalGuard then adjusted/settled directly between investor/owner and insurer. 4) Vacant properties must be secured, winterized during freezing temps and inspected at least once a month. 5) All locations contain smoke detectors & fire extinguishers, handrails where 3 or more steps are present and trip hazards repaired. 6) Roofs are less than 30 yrs. and electrical on 100 Amp service w/breakers. 7) Owner is not aware of any current damage, accidents or circumstances present that might give rise to a claim. 8) Any payments not received by the due dates will result in the cancellation of coverage back to the last paid date. Reinstatement will be considered subject to a \$25 fee per location. 9) No coverage will start until payment authorization has been received. 10) A specimen policy will be provided at investors' request. 11) Outside pictures required upon request. 12) Coverage will be bound based on client schedule provided. Any changes, additions, deletions will be submitted in writing by client to Simplified Insurance Agency, LLC for processing. 	
Annual Billing _____ (Paid in full check or ACH)	Monthly Billing _____ (pro-rated # days/month) (ACH setup required with \$5/mo. per location fee)
Applicant Signature:	Date:
Applicant Name:	Title:

Administered by Simplified Insurance Agency, LLC
29908 Pleasant Trail Southfield MI 48076 (248)996-8904