



Simplified Insurance Agency

For questions or concerns in completing the worksheet, please contact Simplified Insurance Agency at 248-535-1086

INSURED NAME _____

DATE OF APPLICATION _____

Asset ID (if applicable)	Owner	Effective Date	Monthly(M) or Annual(A)	Subject Property Address	City	State	Zip	Sq. Ft.	# Stories	Brick/Frame	Property type: Commercial or Residential(1-4)	Vacant/ Occupied	Insured Values	Loss of Rent limit	Annual Premium	Average Monthly Premium
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																

SIGNATURE _____

NAME _____

DATE _____

ACH INFORMATION

Account Name _____

Routing # _____

Account # _____

Savings

Checking

By signing this form I am declaring that all the information listed above is correct. I have read and understand the description of coverage and I give my permission for MIRentalGuard to commence coverage from the date chosen and to collect the amounts listed above. The information provided here will only be used for the purposes of this application. MIRentalGuard will not use the information for marketing purposes. Insured authorizes auto withdrawal from account listed above. Renewal invoices will be sent out prior to effective renewal date. Lack of response between renewal invoice date and effective date will result in automatic renewal of monthly and annual policies.