

Acknowledgement of SBOA Tenant Insurance Coverage Effective Date Restriction

The SBOA Tenant Insurance coverage that I am being offered by the facility is under a restriction of binding coverage, and I also understand that my coverage will not go into effect until after the restriction has been lifted. Any loss suffered during this time will not be eligible for coverage. Additionally, the paid through date range on my receipts will show that my insurance coverage period begins on and during the coverage binding restriction, I understand that my coverage will actually begin after the restriction has been lifted.

Signature: _____

Date: _____

Name on Lease: _____

Unit Number: _____

Facility Name: _____