



Mandatory Tenant Insurance Confirmation

RESIDENTIAL RENTALS

Liability insurance coverage will protect you, as the tenant, in the event you are responsible for damage caused to the suite or the building. As per your Lease Agreement, you are required to maintain valid liability insurance against damage(s) caused to the Leased Premises and/or the Building in which the Leased Premises are located. ICR also recommends that you obtain contents insurance for your personal belongings.

Your insurance policy must contain the following:

- **Provide for the payment of the condominiums' insurance deductible (where applicable) in the event that the Leased Premises is located within a condominium complex and the condominiums' insurance policy must be utilized.**
- **Name the Landlord c/o ICR Commercial Real Estate as an additional insured with respect to general liability.**
- **Provide for a thirty (30) days written notification to ICR Commercial Real Estate in the event the policy is to be cancelled or otherwise terminated.**

ICR will require proof that you have obtained adequate insurance coverage before you will be able to access the Leased Premises. You must submit the information to our office using the form on the reverse of this document along with your certificate of insurance.

You can submit the documents to the attention of ICR's Residential Property Management Administrator using one of the following methods:

1. Via fax: 306-664-1940
2. Via email: rentals@icrcommercial.com
3. Via mail: 100, 261 - 1st Avenue North; Saskatoon SK S7K 1X2
4. Submit directly to your Property Manager prior to obtaining the keys to your new home

To obtain an insurance policy for your suite, please contact any local insurance broker for more information.

Please direct any questions or concerns to the Residential Property Management Administrator by calling 306-664-6118 or by emailing rentals@icrcommercial.com.



Mandatory Tenant Insurance Confirmation Form
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Please print clearly:

1. Tenant Information:

Tenant name(s): _____
Premise address: _____
Phone number: (home) _____ (cell) _____ (work) _____
Email address: _____

2. Insurance Information:

Agent name: _____
Insurance broker: _____
(ie. Butler Byers, Rayner Agencies, Cherry Insurance, etc.)
Broker address: _____
Policy underwriter: _____
(ie. Wawanesa, AVIVA, Co-operators, etc.)
Policy number: _____
Policy expiry date: _____ / _____ / _____
Month Day Year
Amount of Liability Coverage: \$ _____
Name of additional insured, as listed on the policy: _____

**Mandatory - the policy MUST contain a provision to notify ICR thirty (30) days prior
cancellation/termination of the policy.**

Tenant #1 signature: _____ Date: _____
Tenant #2 signature: _____ Date: _____