



State National Fire Insurance
Home Office: Shreveport, Louisiana

P.O. Box 55
Shreveport, LA 71161
(800) 234-0183 * FAX (318)-222-0571

TENANT STATEMENT OF ACKNOWLEDGEMENT Of Liability for Contents Usual to a Dwelling

Name of Apartment Complex: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Date: _____

Name of Tenant: _____

Apartment Number: _____

Phone: _____

I agree and understand in accordance with my lease that _____
(Name of Apartment Complex) has no responsibility for loss of my household contents usual to
a dwelling.

I also agree and understand that it is my responsibility to secure insurance protection for my
household contents usual to a dwelling.

Tenant Signature