

## Tenant Rent Waiver Quote Prepared for

Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
 City, ST Zip: \_\_\_\_\_ This Quote Expires: \_\_\_\_\_

### IMPORTANT

Your signature at the bottom of this page is required as proof of your acceptance of this quote and your desire to provide the benefits described and priced herein. Once you have accepted this quote you will be required to provide additional information regarding the properties managed which must be submitted to and accepted by the Obligor providing this Tenant Rent Waiver benefit. If our records indicate you have not provided us with a signed copy of this document, we reserve the right to terminate the availability of these benefits.

### PROTECTION

**Tenant Rent Waiver\*** - a complimentary protection providing a benefit equal to one month's (maximum of 3 monthly benefits) rent for periods of qualified involuntary unemployment or employer approved, unpaid family leave. This complimentary protection is provided as an Obligor Agreement with Breckenridge Insurance Services ([www.breckis.com](http://www.breckis.com)) as the Obligor. The Obligor's risk is insured by an A.M. Best A+ XV rated insurer.

### Quote Parameters

- Protected Person(s) – named tenant(s) on the lease
- Maximum of 3 monthly benefits
- Exclusion Period - first 90 days after effective date
- Excludes self-employed, independent contractors & part time employees
- Average Tenant Credit Score of 625 \*\*
- Waiting Period - 30 days, retroactive
- Term of Protection - 12 months

\*\*If you do not obtain credit scores on prospective tenants do you use the services of an independent background screening vendor to qualify prospects based on employment and credit history? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 'Yes', what vendor do you use for background screenings? \_\_\_\_\_

If 'No' you will be asked to sign an affidavit attesting to the fact that you verify the following on each new tenant:

- A. Verify employment for the past 6 months
- B. Verify that the new tenant has paid his/her rent 'as agreed' for the most recent 6 months
- C. No legal action has been filed against the tenant for past due rents or damage to rental property; and,
- D. The tenant has no more than 2 delinquent accounts, excluding medical accounts, in the past 6 months.

### COST FOR THREE MONTHLY TENANT RENT WAIVER BENEFITS

Monthly Rent Range	Monthly Fee
\$400 - \$575	\$14.15
\$576 - \$800	\$16.10
\$801 - \$1,200	\$19.03
\$1,201 - \$1,500	\$24.77
\$1,501 - \$2,500	\$37.97

Signature for Acceptance: \_\_\_\_\_  

Signature
Date
  

\_\_\_\_\_
\_\_\_\_\_
  

Print Name
Desired Start Date

**Return to:** Dan Streit      **Phone:** 310-259-4982      **Email:** [dstreit@sspinsurance.com](mailto:dstreit@sspinsurance.com)      **Fax:** 866-732-9722

**\*Disclosure:** The Tenant Rent Waiver is not an insurance policy and is provided as a complimentary benefit free of charge to the tenant. It is not assignable, transferable or available in the state of New York.

## Protection Parameters (see Certificate of Benefit for complete language)

**“Involuntary Job Loss” or “Involuntarily Unemployed” or “Involuntary Unemployment”** means that the Tenant(s) become and remain Involuntarily Unemployed due to one of the following:

1. Involuntary Layoff—a suspension of employment by the employer, which continues more than 30 days;
2. Termination by Employer—a complete and permanent severance of employment by employer;
3. Lockout—employer’s discharge of employees (including Tenant(s)) or temporary closing of a place of employment in response to organized employee activity that continues more than 30 days;
4. Strike – an authorized, unionized labor dispute and organized labor stoppage, that continues more than ninety (90) days, by a chartered or previously organized trade or labor union, through the coalition of its members (including Tenant(s)), to obtain higher wages, shorter hours of employment, better working conditions or some other concession from Tenant’s employer, by the employees stopping work at a pre-concerted time, which involves a combination of persons and not a single individual.

**Employer Approved-Unpaid Family Leave (“Family Leave”)** means that a Tenant(s) takes an employer-approved unpaid leave of absence from my job for one of the following reasons:

1. To care for a Family Member—a child (natural or adopted), spouse or parent—who needs the Tenant(s) to attend to their needs as a result of that Family Member’s accident or illness;
2. To remain home following the birth of a child or recent adoption of a child;
3. Tenant(s) reside in a Federally Declared Disaster Area; or,
4. Tenant(s) is recalled to active military duty.

**Term of Coverage:** 12 months

**Work Requirement:** To be eligible for a benefit under this Protection the Tenant(s) must have worked full time, thirty (30) hours per week or more, on the same job continuously for the 90 day period immediately prior to the Effective Date of Involuntary Job Loss or Family Leave. Self-employed, independent contractors, seasonal workers and part time workers **are not** eligible for a benefit.

**Exclusion Period:** The first 90 days after the Effective Date. Tenant(s) are not eligible for any benefit for Involuntary Job Loss or Employer Approved-Unpaid Family Leave occurring during the Exclusion Period.

**Waiting Period:** The 30 days from the last day worked. After this 30 day period, the Tenant(s) can request a benefit, and if approved, the benefit period will be retroactive to the first day he/she/they did not work.

**How to Qualify for A Benefit:** To qualify for a benefit *each Protected Person listed above must qualify, for the same time period*, for the Job Loss or Employer Approved, Unpaid Family Leave benefit according to the eligibility requirements, conditions and exclusions. If one Protected Person does not qualify then no benefit will be approved for that period of time. No partial benefits available.

### **Exclusions for Being Eligible for an Involuntary Job Loss Benefit:**

1. Occurs during the first 90 days after the Effective Date of Protection regardless of how long I am Involuntarily Unemployed or when a Request a Benefit is submitted;
2. Is due to a voluntary forfeiture of salary, wages or employment income;
3. Is due to voluntarily resigning, quitting, reaching the end of an employment contract, or retiring;
4. Is compensated by severance pay; however, I will be eligible for Benefits at the end of the severance period if the Expiration Date of Protection has not been reached and I am still unemployed;
5. Is due to disability caused by accident, sickness, disease, pregnancy, or childbirth;
6. Is due to voluntary job and/or income forfeiture to attend to family obligations;
7. Is due to termination as a result of: 1) willful misconduct—a transgression of some established and definite rule of action, a forbidden action or omission, or an action or omission involving dishonesty, or dereliction of duty, active or passive, which is willful in character and beyond simple negligence, or 2) criminal misconduct;
8. Is due to a circumstance known by me prior to the Effective Date of Protection;
9. Is due to seasonal employment, a temporary worker, an educational employee on scheduled breaks or military personnel;
10. Is a result of normal and routine shutdown (such as annual or regularly scheduled event where I expect to be rehired) as determined by my occupation or place of employment; or,
11. Is due to any act of war, declared or undeclared, terrorism, or nuclear incident.

### **Exclusions for Being Eligible for a Family Leave Benefit:**

1. Occurs during the first 90 days after the Effective Date of this Certificate of Benefits regardless of how long the Tenant(s) is on employer approved, unpaid Family Leave or when a Request for Benefit is submitted;
2. Is due to voluntary resignation or retirement; or,
3. Is due to any act of war, declared or undeclared, terrorism or nuclear incident.