



# PROOF OF LOSS: SKIPPED RENT

This form must be filled out completely by the Landlord when a claim is reported. Incomplete forms will be returned without payment. Forms must be submitted with legible loss documentation by the Landlord via Mail, Email or Fax.

Mail: MicroBilt Assurance Attn: Claims Department, 1640 Airport Road, Suite 115, Kennesaw, GA 30144

Email: [claims@microbiltassurance.com](mailto:claims@microbiltassurance.com) Fax: (404) 393-9570 Phone: (866) 453-7947

## LANDLORD INFORMATION

Landlord Name		Landlord Contact		
Landlord Street Address		City	State	Zip
Daytime Phone	Landlord Fax	Landlord Email (if applicable)		

## LEASEHOLDER(S) INFORMATION

Leaseholder(s) Name(s)	DOB (MM/DD/YYYY)	Social Security Number	Address (Street, City, State and Zip)	
1.	/ /	- -		
2.	/ /	- -		
Primary Phone	Alternate Phone	Monthly Rent (\$)	Last Rent Payment	Amount Delinquent
		\$	\$ for month of	\$

## TENANT SCREENING AND HISTORY

Please answer all questions completely	
1. Was MicroBilt Renter Report Card purchased for this leaseholder and reviewed prior to acceptance as a tenant?	YES / NO
2. Did tenant receive an "Approve" indication from the Renter Report Card?	YES / NO
3. Have evictions proceedings or any other actions been initiated?	YES / NO
If 'Yes', please describe:	
4. What attempts have been made to collect? Please describe in detail:	

### ATTACHMENTS

1. Copy of Original Tenant Application
2. Copy of Lease
3. Copy of all correspondence to tenant regarding delinquent rent

**Note:** This coverage is for loss of rent only. This coverage does not include Returned Check Fees, Late Rent Penalties or Damages to Unit. If Landlord collects delinquent rent after MicroBilt has paid claim, such amount should be returned to MicroBilt within five (5) days of receipt, up to the amount MicroBilt has paid.

I certify that the information contained in this report is true and accurate to the best of my knowledge.

Landlord Signature (Required)	Date (Required)
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