

## RENTAL UNIT OWNERS CERTIFICATE OF INSURANCE REGISTRATION FORM

In accordance with N.J.S.A. 40A:10A-1 et seq., and Middletown Township Ordinance 2023-3369

Block \_\_\_\_\_ Lot \_\_\_\_\_

Address of Rented Property \_\_\_\_\_

Name, Address, and Email of all recorded owners of property \_\_\_\_\_

Email \_\_\_\_\_

### **Certificate of Insurance Information:**

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address of the Covered Property: \_\_\_\_\_

Effective Dates of the Policy: \_\_\_\_\_

Type of Coverage Provided: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

Names of any additionally insured parties: \_\_\_\_\_

**\*Provide a copy of the declaration page\***

(Do not write below this line, Office Use Only)

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**Fee: \$30 (1-20 units)      \$40 (21-150 units)      \$50 (151+ units)**

**Please make check payable to "Township of Middletown"**

**No fee for 100% governmental or 501c(3) charitable entities**

Payment Type: CK# \_\_\_\_\_ CASH \_\_\_\_\_