

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 _____