



700 Ellicott Square, 295 Main Street
Buffalo, New York 14203-2219

Phone - (716) 854-0060
Fax - (716) 852-2829

Dear Tenant,

All Tenants are required to hold current renters' insurance during the duration of the lease.

You have two options for insurance:

1. Enroll in our FOXEN Liability Waiver Program
 - Provides residents with \$100,000.00 in liability coverage and \$10,000.00 in contents coverage
 - Conveniently paid with rent: \$15.00 a month

2. Provide proof of 3rd party coverage to FOXEN.
Four requirements are:
 - \$100,000.00 in liability
 - Resident's insured address is listed on policy
 - Property name & our PO Box listed as an additional interest:
 - Property name
 - PO Box 12367
 - Columbus, OH 43212
 - Status@foxen.com must be listed as the notification of change e-mail, if applicable.

Each policy is required to be \$100,000.00 (each occurrence) naming, the group you pay to _____, 10 Ellicott Sq. Court. Corp. & list PO BOX 12367 Columbus, OH 43212.

Any questions please feel free to reach out to us 716-854-0060 ext. # 262, or by email @ Ekubiak@ellicottdevelopment.com.

Thank you,
Management