



# Value Protection Plan

## Value Protection Plan Claim Form Tenant Affidavit

Tenant Name		Tenant Unit #	
Facility Name			
Facility Address			

Responding Police Department		Police Report #	
		Date Police Report Filed	

**Claimed Cause of Loss:**

- Fire, smoke, lightning, explosion, earthquake, windstorm, hurricane, or tornado
- Subsidence, building collapse, falling objects, weight of snow, ice or sleet
- Theft or vandalism (requires evidence of forced entry)
- Moth, insect, rodent or vermin
- Impact of aircraft or vehicles
- Other (please specify) \_\_\_\_\_
- Water Damage

**Explain in your own words what you believe happened to your property:**

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**When do you believe the damage happened?**  
Try to be as specific as possible, a time range is okay. \_\_\_\_\_

**Date tenant discovered loss or damage** \_\_\_\_\_ **Date tenant last visited unit** \_\_\_\_\_

**Tenant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, I certify under penalty of perjury of law the foregoing is true and correct. I understand that the facility will only assume limited responsibility for the loss as outlined in the terms and conditions of the lease. Under no circumstances will the facility pay more than the stated value of the Value Protection Plan you have been paying for on a monthly basis.

**For Facility/Office Use Only**

- CCTV Video Reviewed and Sent
- Gate Entry Log Sent
- Photographs Sent

Evidence of forced entry (theft only): \_\_\_\_\_

Manager's Statement of what he or she believed happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_