

Self-Storage Supplemental Application

(In addition to the ACORD 125 Application, please complete this form for each submission.)

Named Insured (“Applicant”): _____

- Loss control inspection contact name: _____
- Phone : _____ Email address: _____
- Trade name: _____
- Has the applicant, a majority owner, or member filed for bankruptcy in the past five years? Yes No
- Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No
- Years in the self-storage business: _____
- Years under current ownership: _____
- Does the manager reside on premises? Yes No
- Does owner act as manager? Yes No

Additional Interest: Loss Payee, Mortgagee, Additional Insured. Name & Address: _____

Liability Coverages:

- General Liability Limit: _____ Total Gross Sales: _____
- Customer Goods Legal Liability: \$50,000 \$100,000 \$250,000 Other: _____ Deductible: _____
- Sale and Disposal Liability: \$10,000 \$25,000 \$50,000 Other: _____ Deductible: _____
- Resident Manager Liability: Yes No
- Hired Non-Owned Liability: Yes No If yes, provide # of employees _____
- Other Liability Coverages: _____

Sale & Disposal Liability

- Are written procedures in place for reclaiming space? Yes No
What state lien law is followed? _____
- Number of sales of individual tenant’s property occurring within the past twelve (12) months? _____
- What was the total recovered from these sales? _____
- Have there been any claims or court actions in the past three (3) years by tenants claiming damage as a result of sale and disposal of their property? Yes No
If yes, please list all such claims and court actions in the Loss History section.

Loss History:

Date of Loss	Description	Amount	Open/Closed

If there are multiple buildings at any location, provide a Statement of Values or completed Property Accord.
 If there are more than three locations, provide a Statement of Values or completed Property Accord.

Complete For Each Location	Location	Location	Location
Total blanket building coverage			
Total # of buildings at location			
Location address			
Personal property limit			
Business income and rental limit			
Number of storage units			
Occupancy rate			
Any indoor storage of RVs; watercraft; vehicles)?			
Number of open lot spaces (RVs, watercraft, vehicles)			
% of gross sales from outside storage (RVs, watercraft, vehicles)			
Year built (if over 35yrs old, provide update information in the section below)			
Distance between buildings			
Square feet			
Number of stories			
ISO construction class			
Roof material			
Sprinkler system?/percentage of areas protected			
Alarm system: 1. C/S fire & burglary, 2. C/S fire only, 3. C/S burglary only, 4. local 5. none			
Climate controlled storage? Yes/No			

Updates/Renovations	Details	Date Completed
Roof		
Plumbing system		
Heating system		
Electrical system		

Self-Storage Operations:

- Is the rental office on premises? Yes No
If no, complete physical address: _____
- Was facility originally designed for self-storage? Yes No
If no, please describe what facility was originally designed for: _____
- Are there any buildings not occupied as self-storage? Yes No
If yes, please provide location and/or building # and occupancy: _____
- Are any tenants conducting non-storage operations on the premises? Yes No
If yes, please describe the building used and the square footage occupied: _____
- Does the insured have any business activities other than self-storage operations occurring on the premises?
If yes, please explain. _____
- Are there truck/trailer rentals? Yes No
If yes, what is the name of the company providing such rentals: _____
- Are there any moving services provided? Yes No
- Are there car washes? Yes No
- Records storage/management? Yes No
- Are forklifts or loaders used? Yes No
- Are elevators or lifts used? Yes No
- Are padlocks sold at the rental office? Yes No
- Are duplicate keys retained? Yes No
If yes, who retains the duplicate keys? _____
- Who has access to the duplicate keys? _____
- Where are the duplicate keys kept? _____
- Is a positive ID required when leasing? Yes No
- Are background checks performed for employees and the manager? Yes No
- Are the premises patrolled? Yes No
If yes, by whom? _____
- Are there any armed security personnel? Yes No
- Are security dogs used? Yes No
- Are the premises fully lighted at night? Yes No
- Is the complex fully fenced or enclosed? Yes No
- Is there a controlled gate access system? Yes No
- Are there surveillance cameras and monitors? Yes No
- Are there individual door alarms? Yes No

Signed: _____ (must be Officer of Applicant)

Print name & title: _____

Date (MM/DD/YYYY): _____

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