

Self-Storage Application

(In addition to this application, please submit a Statement of Values, Loss Runs, and Lease Agreement.)

- Effective Date: _____ Date Quote Needed: _____
- Named Insured ("Applicant Name"): _____
- Mailing Address: _____
- Reason Client is shopping: _____
- Target Premium: _____
- 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, canceled or non-renewed 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
 - If so, what building is the apartment in and what is the apartment square footage? _____
- Does owner act as manager? ☐ Yes ☐ No
- Additional Interest: Loss Payee, Mortgagee, Additional Insured. Name & Address _____

Liability Coverages:

- General Liability Limit: _____ Total Gross Sales: _____
- Umbrella Limit: ☐ \$1M ☐ \$2M ☐ \$3M ☐ \$4M ☐ \$5M ☐ None
- 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
- Other Liability Coverages: _____

Hired Non-Owned Liability:

- Hired Non-Owned Liability: ☐ Yes ☐ No If yes, provide # of employees: _____
- Does the applicant have a Business Auto Policy? ☐ Yes ☐ No
 - If yes, Hired Non-Owned coverage should be secured with your Business Auto policy.
- Does the applicant own any vehicles used for business purposes? ☐ Yes ☐ No
- Does the applicant collect MVRs for employees prior to employment? ☐ Yes ☐ No
- Does the applicant continue to collect MVRs on a yearly basis during employment? ☐ Yes ☐ No
- Does the applicant require employees to maintain at least state minimum auto insurance limits? ☐ Yes ☐ No
- Does the applicant secure evidence from all drivers of personal auto liability insurance who use their personal vehicle for business use? ☐ Yes ☐ No

Sale & Disposal Liability

Are written procedures in place for reclaiming space? ☐ Yes ☐ No

Number of sales of individual tenant’s property occurring within the past twelve (12) months? _____

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			
Business personal property limit			
Business income and rental limit (no ALS)			
Number of storage units			
Occupancy rate			
Year built (if over 50 yrs old, provide update information in the section below)			
Distance between buildings			
Square feet			
Number of stories			
Construction Type			
Specific Roof material (Metal, Raised Seam Metal, Asphalt, TPO, Shingle, etc.)			
Sprinkler system?/percentage of areas protected			
Burglar Alarm system: 1. Central Station Burglary, 2. Local Burglary, 3. None			
Fire Alarm system: 1. Central Station Fire, 2. Local Fire, 3. None			
Climate controlled storage? Yes/No			
Equipment Breakdown Coverage: Yes/No			

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

Self-Storage Operations:

- Is there a formal safety program in operation? ☐ Yes ☐ No
- Is the rental office on premises? ☐ Yes ☐ No
 - How many square feet is the onsite office? In what building? _____
 - If no, complete physical address of office: _____
- 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 specific occupancy including the building where the operations are located and square footage: _____
- Are there any habitational exposures? ☐ Yes ☐ No
 - If yes, please provide the type of structure; buildings, who occupies, and square footage: _____
- Does the insured have any business activities other than self-storage operations occurring on the premises? ☐ Yes ☐ No
 - 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
- Is there any indoor storage of RVs, Watercraft, or Vehicles? ☐ Yes ☐ No
 - If Yes: what is the % of Gross Sales from indoor storage? (RV, Watercraft, Vehicles): _____
 - Is fuel stored inside the unit? ☐ Yes ☐ No
 - Are batteries disconnected when stored in the unit? ☐ Yes ☐ No
- Is there any outdoor storage of RVs, Watercraft, or Vehicles? ☐ Yes ☐ No
 - If Yes: What is the % of Gross Sales from outdoor storage? (RV, Watercraft, Vehicles): _____
 - Are RV/Boat/Vehicles parked at least 40-50 ft from storage buildings? ☐ Yes ☐ No
- Do the owners of the RV, Watercraft, Vehicles have sufficient insurance? (\$500k or higher liability limits & Other than Collision Coverage with facility owner as AI) ☐ Yes ☐ No
 - Are there any electric vehicles, antique vehicles, or special vehicles stored? (ATV, Motorcycles, etc.) ☐ Yes ☐ No
 - If yes, what exact special vehicles: _____
- Are there car washes? ☐ Yes ☐ No
- Are there any records storage/management or valuable items storage? ☐ Yes ☐ No
- Do any auctions of units take place at the facility? ☐ Yes ☐ No
 - If yes, how often do they occur? _____
- Are there any mobile storage containers? ☐ Yes ☐ No
- Are there any cell towers on premises? ☐ Yes ☐ No
- Are forklifts or loaders used? ☐ Yes ☐ No
- Are elevators or lifts used? ☐ Yes ☐ No

- Is a positive ID required when leasing?
- Are background checks performed for employees and the manager?
- Are there any armed security personnel?
- Are security dogs used?
- Are the premises fully lighted at night?
- Is the complex fully fenced or enclosed?
- Is there a controlled gate access system?
- Are there surveillance cameras and monitors?
- Does the lease agreement include:
 - Hold Harmless Agreement?
 - Prohibit Storage of hazardous and/or flammable items?
 - Prohibit conducting operations or living in storage units?

☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No
☐	Yes	☐	No

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Signed: _____ (must be Officer of Applicant)

Print name & title: _____

Date (MM/DD/YYYY): _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, LOUISIANA, RHODE ISLAND, WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.