

Self-Storage Supplemental Application

(In addition to this application, please submit a Statement of Values and completed Property Acord 125.)

Effective Date: _____

Named Insured ("Applicant Name"): _____

• 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

• 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
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			
Year built (if over 30yrs 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			
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 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? If Yes: ☐ Yes ☐ No
How many units total of indoor storage? (RV, Watercraft, Vehicles): _____
What is the % of Gross Sales from indoor storage? (RV, Watercraft, Vehicles): _____
- 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) _____
Are there any electric vehicles, antique vehicles, or special vehicles stored? (ATV, Motorcycles, etc.) ☐ Yes ☐ No
If yes:
 - Is fuel stored inside the unit? _____
 - Are batteries disconnected when stored in the unit? _____
- Is there any outdoor storage of RVs, Watercraft, or Vehicles? If Yes: ☐ Yes ☐ No
What is the total number of open lot spaces at the facility? (RV, Watercraft, Vehicles): _____
What is the % of Gross Sales from outdoor storage? (RV, Watercraft, 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
- 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
- Does the lease agreement include:
 - Hold Harmless Agreement? ☐ Yes ☐ No
 - Prohibit Storage of hazardous and/or flammable items? ☐ Yes ☐ No
 - Prohibit conducting operations or living in storage units? ☐ Yes ☐ No

Signed: _____ (must be Officer of Applicant)

Print name & title: _____

Date (MM/DD/YYYY): _____