

## COMMERCIAL SELF-STORAGE APPLICATION – ACORD SUPPLEMENT

Fields with an asterisk (\*) are **required** for application submission. To ensure quote accuracy and timeliness, please complete **ALL** fields on the application. Additional comments, special requests, and other information may be added on **Page 2** of the application. The symbol “+” following a coverage or answer choice indicates that a **supplemental application is required**. Visit [www.minico.com](http://www.minico.com) to download supplemental applications.

<b>*QUOTE SUBMITTED DATE:</b>	<b>*QUOTE NEED BY DATE:</b>
*Named Insured & Physical Address of Storage Facility:	*Agency Name & Address:

Member of a Storage Owners Association?  Yes  No Name of Association: \_\_\_\_\_  
 Number of Years in Self-Storage Industry: \_\_\_\_\_  
 Attend Industry Loss-Prevention Seminars (Safety Program)?  Yes  No

### SECTION I – BUSINESS PROPERTY

Employee Dishonesty – NAMED INSURED’S EMPLOYEES ONLY – Property Deductible Applies  
 Each Occurrence:  \$15,000 included  \$25,000  \$50,000  \$75,000  \$100,000

### SECTION II – BUSINESS LIABILITY

Customers Goods Legal Liability Each Occurrence:  \$25,000  \$50,000  \$100,000  \$250,000  \$500,000  \$1,000,000  
 Do You Offer Tenant/Customer Storage Insurance?  No  Yes, Provider Name: \_\_\_\_\_  
 Sale & Disposal Liability – \$1,000 deductible applies – Complete Coverage H section on Page 2 (pending approval of documents):  
 Annual Aggregate:  \$10,000 included  \$25,000  \$50,000  \$100,000  \$250,000†  \$500,000†  \$1,000,000†

### OPTIONAL COVERAGE

Systems Protection Coverage:  Yes  No Data Compromise Coverage:  Yes  No  
 Limited Pollutant Removal:  Yes†  No Cyber Coverage:  Yes  No  
 Employment Practices Liability:  Yes†  No Employee Benefits Liability:  Yes†  No  
 Employee Resident Manager’s Personal Liability:  \$300,000  \$500,000  \$1,000,000

**Other coverages or limits of coverage may be available. Visit [www.minico.com](http://www.minico.com) for more information.**

### DESCRIPTION OF STORAGE FACILITY

Total Number of:  
 Non-Storage Buildings on Premises \_\_\_\_\_ Climate-Controlled Storage:  No  Yes, % \_\_\_\_\_  
 Self-Storage Buildings \_\_\_\_\_ Number of open lot spaces (RVs, boats): \_\_\_\_\_  
 Rental Units \_\_\_\_\_ (supplemental application may be required)

### PREMISES PROTECTION (answers required for all questions)

Is rental office on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide complete physical address: _____  Designed/built originally for self-storage? <input type="checkbox"/> Yes <input type="checkbox"/> No† Has property suffered flood or surface water accumulation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain how: _____  Subscription Fire Dept. dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Positive ID required when leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Manager reside on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Manager check tenants' locks daily? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are premises patrolled by local police or security company? <input type="checkbox"/> Yes <input type="checkbox"/> No Hired armed security guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Fully lighted at night? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours when gates are open: _____ to _____ Are gates locked at night? <input type="checkbox"/> Yes <input type="checkbox"/> No Complex fully fenced or enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Gates visible from Manager’s office? <input type="checkbox"/> Yes <input type="checkbox"/> No Gate access or control system? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: TV monitors? <input type="checkbox"/> Yes <input type="checkbox"/> No Is location fully paved? <input type="checkbox"/> Yes <input type="checkbox"/> No Is location equipped with speed bumps? <input type="checkbox"/> Yes <input type="checkbox"/> No Is location equipped with bollards (crash posts)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### SUPPLEMENTAL INFORMATION

Does Owner act as Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the named insured have any vacant land at any address that is not part of a self-storage location included with this application? <input type="checkbox"/> Yes† <input type="checkbox"/> No Forklifts or loaders used? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators or lifts used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does insured retain duplicate keys to the rented storage units? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees/Management number of years experience in self-storage industry? _____ Annual rental income at 100% occupancy? _____
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<b>NON-STORAGE ACTIVITIES</b>			
Are any tenants conducting manufacturing, repair work, retail or any other non-storage operations? If YES, describe (include building where located and square footage occupied):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does insured offer wine storage?	<input type="checkbox"/> Yes† <input type="checkbox"/> No
Does insured now or has insured ever acted as a General Contractor?	<input type="checkbox"/> Yes† <input type="checkbox"/> No	Does the named insured have any business activities other than self-storage operations occurring on the premises? If YES, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured conduct container storage operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail box rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any cell towers on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vault-style rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Truck/trailer rentals? Name of Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Self-service car wash? Number of stalls:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>COURSE OF CONSTRUCTION</b>	
Beginning date: _____	Ending date: _____ Is Owner acting as the General Contractor? <input type="checkbox"/> Yes† <input type="checkbox"/> No

<b>COVERAGE C – EMPLOYEE DISHONESTY</b>	
Frequency of audits? _____	Who completes audits? _____
Total number of employees? _____	Owner actively involved in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other than Owner, who has check-signing authority? _____	

<b>COVERAGE H – SALE &amp; DISPOSAL LIABILITY</b>	
Does applicant have written procedures in place that conform to state laws where they are operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many sales of individual tenant's property occurred in the last 12 months? _____	Any claims or court actions made in the past 3 years by tenants claiming damage for sale and disposal of their personal property? (If YES, please attach details.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If requesting a quote for workers compensation coverage, provide the following information for self-storage employees only.**

Total number of full-time employees: _____	Total number of part-time employees: _____
Class code: 9015 – Self-Storage	Payroll: _____
Other class code: _____	Payroll: _____
Total receipts: \$ _____	

<b>ADDITIONAL REQUIREMENTS</b>			
<b>Documents required with application:</b>	1) Lease or rental agreement being used 2) Current color photographs of facility showing each building, office, front gate and open lots (if applicable) 3) Site diagram of facility showing distance between buildings and units per building		
Signature of Agent _____	Date _____	Personal Signature of Applicant _____	Date _____
Agent's Name (typed or printed) _____		Applicant's Name (typed or printed) _____	

**NOTICE TO APPLICANT:** I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING.

IN MARYLAND, ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

<b>ADDITIONAL INFORMATION – NOTE: Attach additional sheets as necessary.</b>
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