

### COMMERCIAL SELF-STORAGE – BUILDING & SECURITY UPGRADE

Named Insured:		Quote Number:	
Facility Address:			
City:		State:	ZIP:
<b>1</b> Building Value:		<b>2</b> Year Built:	
<b>3</b> Was the <b>electrical</b> completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated What year: _____ If updated, has a licensed electrical contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b> Was the <b>plumbing</b> completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated What year: _____ If updated, has a licensed plumbing contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b> Was the <b>heating</b> completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated What year: _____ If updated, has a licensed HVAC contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b> Was the <b>roof</b> completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated What year: _____ If updated, has a licensed roofing contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b> Were <b>security cameras and lighting</b> completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated What year: _____ If updated, what is the name of the manufacturer? _____			
<b>8</b> Was an <b>electronic premise inspection system</b> installed: <input type="checkbox"/> Yes <input type="checkbox"/> No What year: _____ If updated, what is the name of the manufacturer? _____			
<b>9</b> Were <b>new doors on all units</b> installed: <input type="checkbox"/> Yes <input type="checkbox"/> No What year: _____ If yes, what is the name of the manufacturer? _____			
<b>10</b> Were <b>electronic gate &amp; entry access systems</b> completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated What year: _____ If updated, what is the name of the manufacturer? _____			
<b>11</b> Was an <b>electronic locking system on units</b> installed: <input type="checkbox"/> Yes <input type="checkbox"/> No What year: _____ If updated, what is the name of the manufacturer? _____			
<b>12</b> Were <b>unit heat sensors integrated with the central alarm</b> installed: <input type="checkbox"/> Yes <input type="checkbox"/> No What year: _____ If updated, what is the name of the manufacturer? _____			
<b>13</b> Is a value limitation included in the lease agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the limit? _____			
<b>14</b> Do you require evidence of insurance from commercial tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>15</b> Any concealed space? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, square footage of concealed space: _____			
<b>16</b> Original intended occupancy (be specific): _____ If warehouse, what type of warehouse: _____			
<b>17</b> Number of stories: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Other: _____			
<b>18</b> Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, is there a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>19</b> Square footage: _____			
<b>20</b> Occupancies other than self-storage: <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
Insured:			