

COMMERCIAL SELF-STORAGE – OLDER BUILDING OR CONVERTED BUILDING APPLICATION

Named Insured:		Policy Number:	
Facility Address:			
City:		State:	ZIP:
1 Building Value:	2 Loss of Rents:		
3 Year Built:	4 Year Converted:		
5 Was the ELECTRICAL 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 Comments:			
6 Was the PLUMBING 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 Comments:			
7 Was the HEATING 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 Comments:			
8 Was the ROOF 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 Comments:			
9 Any concealed space? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, square footage of concealed space: _____			
10 Original intended occupancy (be specific): _____ If warehouse, what type of warehouse:			
11 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: _____			
12 Construction:			
13 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			
14 Square footage:			
15 Occupancies other than self-storage: <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
Insured:			