

To ensure quote accuracy and timeliness, please complete ALL fields on the application.

For which products would you like to receive a quote? ☐ Package ☐ Monoline Liability ☐ Equipment Breakdown
☐ Monoline Property ☐ Workers Compensation ☐ Cyber Insurance

APPLICATION INFORMATION

QUOTE SUBMITTED DATE: QUOTE NEED BY DATE:	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal Policy No:
Producer's Name:	Agency Mailing Address:
Agency Name:	
Producer's E-Mail:	
Producer's Telephone:	
Producer's Fax:	
CSR's Name:	
CSR's E-Mail:	City: State: ZIP:
Named Insured:	Phone:
Desired effective date:	Fax:
DBA:	E-Mail:
Mailing Address:	Business: (check the appropriate box) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other _____
City: County: State: ZIP:	
Contact Name: _____	

Does the named insured have any vacant land at any address that is not a part of a self-storage location included with this application?
☐ Yes ☐ No If YES, complete the VACANT LAND SUPPLEMENTAL QUESTIONNAIRE (available on our website).

POLICY COVERAGE INFORMATION (Some coverages may not be available in all states.)

Comprehensive Business Liability ☐ \$1,000,000 Occurrence/\$2,000,000 Aggregate ☐ \$2,000,000 Occurrence/\$4,000,000 Aggregate

Hired and Non-Owned Auto \$1,000,000 INCLUDED

Customer Goods Legal Liability ☐ None ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

Data Compromise Coverage ☐ Yes ☐ No With Cyber? ☐ Yes ☐ No

Employee Benefits Liability ☐ None ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000

Employment Practices Liability ☐ Yes ☐ No If YES, complete the EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL APPLICATION (available on our website).

Systems Protection ☐ Yes ☐ No

NOTE: This coverage protects against power surge and mechanical breakdown to computers, gates, security systems, etc.

Sale and Disposal Liability ☐ \$10,000 INCLUDED ☐ \$25,000 ☐ \$50,000 ☐ \$100,000
☐ \$250,000* ☐ \$500,000* ☐ \$1,000,000*

* If selecting a limit greater than \$100,000, complete the SALE & DISPOSAL LIABILITY SUPPLEMENTAL APPLICATION (available on our website).

Are written procedures in place that conform to the state laws where they are operating? ☐ Yes ☐ No

On average, what percentage of the total self-storage units under this application have had the tenant's property sold or disposed of in the last 12 months? ☐ 0-10% ☐ 11-30% ☐ 30% or more

Have there been any claims or court actions in the past 3 years by tenants claiming damage as a result of the sale and disposal of their property?

☐ Yes ☐ No If YES, provide details (attach a separate sheet if necessary):

Certified Acts of Terrorism INCLUDED

LOCATION INFORMATION Complete Pages 2, 3 & 4 for each location to be insured.

Location Name:		Year built of oldest building at this location:	
Physical Address:		Protection Class:	
City:		Is this location inside the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County:	State:	Distance to fire hydrant:	
ZIP:		Distance to fire station:	
Are there any vacant or unoccupied buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are subscription Fire Department dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In order for your tenants to protect their stored goods, do you make available any of the following? <input type="checkbox"/> Tenant Insurance <input type="checkbox"/> Warranty Protection Program If YES, what is the per unit limit? _____ <input type="checkbox"/> Nothing is offered			

ADDITIONAL INTEREST Complete this section for each entity that has an Additional Interest indicated in this location. If more than two, use the ADDITIONAL INTEREST SUPPLEMENTAL WORKSHEET (available on our website).

Type: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured	Address:		
Name:	City:		
	State: ZIP:		
Type: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured	Address:		
Name:	City:		
	State: ZIP:		

Has this location suffered from any accumulation of flood or surface waters in the past? ☐ Yes ☐ No
 If YES, provide details (attach a separate sheet if necessary):

CONSTRUCTION TYPE INFORMATION (all structures including canopies and sheds)

Type 1 - FRAME. Buildings with exterior walls of wood or other combustible materials.

Type 2 - MASONRY or NON-COMBUSTIBLE. Buildings where the exterior walls are constructed of masonry materials and where the floors and roof are combustible. Buildings where the exterior walls, floors and roof are constructed of and supported by metal or other non-combustible materials.

Type 3 - MASONRY NON-COMBUSTIBLE. Buildings where the exterior walls are constructed of masonry materials with the roof of metal or other non-combustible materials. This classification includes all-metal buildings where the roof is: documented to be constructed of 24 gauge metal or heavier; or documented to have a wind uplift classification of 90 or equivalent.

Type 4 - FIRE RESISTIVE or MASONRY WIND RESISTIVE. Buildings where the exterior walls are constructed of masonry materials with the floors of metal or other non-combustible materials or the roof is: constructed of a minimum of two inches of masonry on steel supports; or documented to be constructed of 22 gauge metal (or heavier) on steel supports; or documented to have a wind uplift classification of 90 or equivalent.

Construction Type (including Canopies & Sheds)	Type 1 Frame	Type 2 Metal or Masonry	Type 3 MNC	Type 4 Fire Resistive
# of buildings				
Total square feet				
# of rental units				
Highest # of stories				
Roof construction (If metal, enter gauge or UL uplift)				
100% operational fire sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, is there a fire sprinkler maintenance agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Square footage of ALL buildings at this location address:

Square footage of ALL self-storage buildings at this location (incl. rental office & manager's apartment):

Square footage of ANY non-self-storage buildings at this location (enter 0 if none):

Total square feet that are leased to others for other than self-storage purposes at this location (enter 0 if none):

Are multi-story buildings equipped with elevators? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Are multi-story buildings equipped with lifts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Are forklifts and loaders used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were the buildings at this location designed and built for self-storage (not incl. rental office or manager's apartment)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the distance between the 2 closest buildings?			
Vacant land at this location for future development: <input type="checkbox"/> None <input type="checkbox"/> up to 4 acres <input type="checkbox"/> 4-11 acres <input type="checkbox"/> more than 11 acres If other than NONE, complete the VACANT LAND SUPPLEMENTAL QUESTIONNAIRE (available on our website).			
Open lots for rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, number of open lots/uncovered spaces for rent: _____			
Are there 30 or more rental units/spaces that are designated specifically for boats, RVs or vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the BOAT/RV/VEHICLE STORAGE SUPPLEMENTAL APPLICATION (available on our website).			
Is your rental office at another location? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide the complete address:			
Is positive proof of identification (driver's license, Social Security card, etc.) required when leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the location manager reside on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the location manager check locks on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this location:			
Fully paved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipped with TV monitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipped with speed bumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipped with gates that are locked at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipped with bollards (crash posts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	– Are gates visible from the manager's office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fully fenced or enclosed (at least 6 ft. high)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	– Is there a gate access or control system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fully lighted at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No	– What type of system is this? _____	
Are there fire alarms on/in the buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they connected to a central station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there burglar alarms on/in the buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they connected to a central station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the premises patrolled by local police or a security company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many of the buildings are climate controlled?			
Are the duplicate keys to the rented storage units retained by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured have any business activities other than conventional self-storage operations occurring on these premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the type of non-self-storage operations below.			
Wine storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the WINE STORAGE SUPPLEMENTAL APPLICATION (available on our website).			
Mailbox rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vault-style rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Container storage operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile container storage with pickup and delivery option? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell towers on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Truck/trailer rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Self-service car wash? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, number of bays: _____			
Other? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe the type(s) of operations (attach a separate sheet if necessary):			
Do any self-storage tenants use their rented storage unit for anything other than self-storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe these tenants' "other operations" (attach a separate sheet if necessary):			

LOCATION COVERAGE INFORMATION

Location:

Blanket Building and Business Personal Property Limit: \$ _____
 (includes fences, glass, signs, foundations, roadways, walks and gates)

Blanket Building and Business Personal Property Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000

Are there any incidental non-storage occupancies/lessors risk exposures at this location? ☐ Yes ☐ No
 If YES, describe (attach a separate sheet if necessary):

Premises Medical Payments: \$10,000 INCLUDED

Crime/Employee Dishonesty

NOTE: Crime/Employee Dishonesty – Named Insured's Employees ONLY – \$15,000 Employee Dishonesty, \$10,000 Money and Securities on Premises, \$5,000 Money and Securities Off Premises INCLUDED

Is the owner actively involved in the business? ☐ Yes ☐ No

Does the owner act as the manager? ☐ Yes ☐ No

Frequency of audits: ☐ Annual ☐ Semi-annual ☐ Monthly ☐ Other

Who performs the audits? ☐ CPA ☐ Owner ☐ Other

Does anyone have check-signing authority other than the owner? ☐ Yes ☐ No

Number of employees:

Employee Dishonesty: ☐ \$15,000 INCLUDED ☐ \$25,000 ☐ \$50,000 ☐ \$75,000

Money and Securities on Premises: ☐ \$10,000 INCLUDED ☐ \$15,000 ☐ \$25,000 ☐ \$50,000 ☐ \$75,000

Accounts Receivable: ☐ \$25,000 INCLUDED ☐ \$50,000 ☐ \$100,000 ☐ \$250,000

Business Income Coverage: ☐ 15 months INCLUDED ☐ 18 months ☐ 24 months

Fine Arts Coverage: ☐ \$10,000 INCLUDED ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 (schedule may be required)

Mini-Computer Coverage: INCLUDED in Blanket Limit

Media and Data Coverage: ☐ \$20,000 INCLUDED ☐ \$50,000 ☐ \$100,000 ☐ \$250,000

Valuable Papers and Records: ☐ \$25,000 INCLUDED ☐ \$50,000 ☐ \$100,000 ☐ \$250,000

Identity Recovery Coverage: INCLUDED

Building Ordinance Coverage: INCLUDED

Multiple Locations Blanket Building Coverage: ☐ Yes ☐ No

NOTE: This optional coverage blankets all buildings when there are multiple locations to be insured.

Earthquake Coverage (not available for California properties): ☐ Yes ☐ No

Employee Resident Manager Personal Liability: ☐ None ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000

Employee's Personal Property: ☐ \$10,000 INCLUDED ☐ \$15,000

Limited Pollutant Removal: ☐ Yes ☐ No If YES, complete the LIMITED POLLUTANTS REMOVAL SHORT FORM APPLICATION (available on our website).

Pollution Clean-up and Removal: ☐ \$25,000 INCLUDED ☐ \$50,000 ☐ \$100,000

ADDITIONAL INFORMATION

How many years of self-storage experience do the owner/manager/employees have?
☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6 years or more

Is the named insured a member of a Storage Owners Association? ☐ Yes ☐ No
 If YES, please name the association:

Does the named insured attend storage industry Loss Prevention Seminars? ☐ Yes ☐ No

Does the **named insured** now own or operate any other self-storage locations or any other businesses not shown on this application?
☐ Yes ☐ No If YES, describe (attach a separate sheet if necessary):

Does the **named insured** now or has the named insured ever acted as a General Contractor for others? ☐ Yes ☐ No
 If YES, complete the CONTRACTOR'S SUPPLEMENTAL APPLICATION (available on our website).

Does the named insured have insurance on these facilities that is in-force today? ☐ Yes ☐ No
 If YES, provide the following: Company Name _____ Annual Premium \$ _____

Have there been any losses or any court actions in the past 3 years? ☐ Yes ☐ No
 If YES, please provide complete details (attach a separate sheet if necessary):

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: \$ _____

GENERAL FRAUD STATEMENT: 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 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALITIES.

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.

ADDITIONAL STATEMENTS: IN MONTANA, YOUR POLICY MAY BE NON-RENEWED ON THE BASIS OF A SINGLE LOSS OCCURRING DURING THE POLICY PERIOD.

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.