



ORCHID

The First Choice.

Self-Storage Product Application – All States

Applicant's name: _____

Year Business Began _____

Hours Gate Entrance Open _____ From _____ To _____

Hours Office Open _____ From _____ To _____

Current Occupancy Rate: _____ %

Office On Premises? Yes No

Number of Rental Spaces - Inside Buildings _____

Number of Facilities Owned or Managed by Applicant _____

Open Lot (R.V. & Boat Storage) _____ (sq. ft.) _____ (# of spaces)

Forklifts or Elevators Used? Yes No

of Elevators _____ # of Forklifts _____

Facility Fully Fenced or Enclosed? Yes No

Type and Height of Fence: _____

Self Service Car Wash Operation? Yes No

If "Yes", # of Stalls _____

Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather state

GENERAL LIABILITY

- | | | | | |
|---|----------|----------|-----------------|--------------|
| 1. Positive Identification Required to Rent Space? | Yes | No | | |
| 2. Manager Resides on Premises? | Yes | No | | |
| 3. Facility/Manager Has Keys To Storage Spaces? | Yes | No | | |
| 4. Manager's Duties Include Daily Lock Checks? | Yes | No | | |
| 5. Card Entry? | Yes | No | | |
| 6. Alarm System: | None | Local | Central Station | |
| 7. Is Facility Accessible by Customers After Hours? | Yes | No | | |
| 8. System Monitors: | Fire | Burglary | | |
| 9. Tenants Provide Their Own Locks? | Yes | No | | |
| 10. Individual Unit Alarms? | Yes | No | | |
| 11. Facility Fully Lighted at Night? | Yes | No | | |
| 12. Professional Guard Dogs (Not A Pet)? | Yes | No | | |
| 13. Gate Access Control? | Yes | No | | |
| 14. Dog Warning Signs Posted? | Yes | No | | |
| 15. Sign In/Sign Out? | Yes | No | | |
| 16. Video Surveillance/Monitoring? | Yes | No | | |
| If "Yes" | Monitors | Gate | Monitors All | Public Areas |
| 17. Driveway Hose Bell? | Yes | No | | |
| 18. Keyboard Touch Pad? | Yes | No | | |

PROPERTY

- Year Facility Originally Built _____
- Originally Designed As A Self Storage Facility? Yes No
If "No", Year Facility Was Converted? _____
- Minimum Distance Between Buildings: _____ (ft.)
- Climate Controlled Facility? Yes No
- If The Sprinkler System Does Not Cover All Buildings, Which Buildings Are Sprinklered? _____
- If you own the building and it is older than 15 years old, please complete the following:
Age of roof _____ yrs.
- Plumbing type: PVC Copper Lead Galvanized Other _____

OPTIONAL COVERAGES

1. Terrorism		Yes	No	
2. Water Back Up	N/A	\$25,000		
3. Hired and Non Owned Auto	N/A	Yes	No	
# of employees	N/A	0-25	26- 100	101 or more
Cost to lease, hire or rent vehicles annually?				
Does applicant run MVRs on all employees?	N/A	Yes	No	
4. Employee Benefits Liability				
Limits (each employee/aggregate)	N/A	\$25,000/ \$25,000	\$50,000/ \$50,000	\$100,000 /\$100,000
# of employees _____ (full and part time employees)				
Are all personnel who counsel employees familiar with the details of the insured's program?	N/A	Yes	No	
Are all programs in compliance with Cobra requirements?	N/A	Yes	No	
For optional employee benefits are rejections, either signed or electronic, required and kept on file?	N/A	Yes	No	
5. Employee Dishonesty				
Limits	N/A	\$25,000	\$50,000	
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?	N/A	Yes	No	
Is Countersignature Of Checks Required?	N/A	Yes	No	
If Not, Who Signs Controls?				
Frequency of audits and by whom made?				
Any losses within the last 5 years?				
# of employees- full and part time employees				
6. Ordinance or Law Coverage (Coverage A, B & C combined)	N/A	\$100,000	\$250,000	\$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		
Year	Status	Incurred		Description
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
Liability Coverages		None, or provide detail below.		
Year	Status	Incurred		Description
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name: _____

Telephone/E-mail address: _____