

Self-Storage Supplemental Application

(In addition to this application, please submit a Statement of Values and completed Property Acord 125.)

Effective Date: _____

Named Insured ("Applicant Name"): _____

- Loss control inspection contact name: _____
- Phone : _____ Email address: _____
- Trade name: _____
- Has the applicant, a majority owner, or member filed for bankruptcy in the past five years? Yes No
- Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No
- Years in the self-storage business: _____
- Years under current ownership: _____
- Does the manager reside on premises? Yes No
- Does owner act as manager? Yes No

Additional Interest: Loss Payee, Mortgagee, Additional Insured. Name & Address: _____

Liability Coverages:

- General Liability Limit: _____ Total Gross Sales: _____
- Customer Goods Legal Liability: \$50,000 \$100,000 \$250,000 Other: _____ Deductible: _____
- Sale and Disposal Liability: \$10,000 \$25,000 \$50,000 Other: _____ Deductible: _____
- Resident Manager Liability: Yes No
- Other Liability Coverages: _____

Hired Non-Owned Liability:

Hired Non-Owned Liability: Yes No If yes, provide # of employees _____

- Does the applicant have a Business Auto Policy? Yes No
 - If yes, Hired Non-Owned coverage should be secured with your Business Auto policy.
- Does the applicant own any vehicles used for business purposes? Yes No
- Does the applicant collect MVRs for employees prior to employment? Yes No
- Does the applicant continue to collect MVRs on a yearly basis during employment? Yes No
- Does the applicant require employees to maintain at least state minimum auto insurance limits? Yes No
- Does the applicant secure evidence from all drivers of personal auto liability insurance who use their personal vehicle for business use? Yes No

Sale & Disposal Liability

- Are written procedures in place for reclaiming space? Yes No
What state lien law is followed? _____
- Number of sales of individual tenant's property occurring within the past twelve (12) months? _____
- What was the total recovered from these sales? _____
- Have there been any claims or court actions in the past three (3) years by tenants claiming damage as a result of sale and disposal of their property? Yes No
If yes, please list all such claims and court actions in the Loss History section.

Loss History:

Date of Loss	Description	Amount	Open/Closed

If there are multiple buildings at any location, provide a Statement of Values or completed Property Accord.

If there are more than three locations, provide a Statement of Values or completed Property Accord.

Complete For Each Location	Location	Location	Location
Total blanket building coverage			
Total # of buildings at location			
Location address			
Personal property limit			
Business income and rental limit			
Number of storage units			
Occupancy rate			
Year built (if over 30yrs old, provide update information in the section below)			
Distance between buildings			
Square feet			
Number of stories			
Construction Type			
Specific Roof material (Metal, Raised Seam Metal, Asphalt, TPO, Shingle, etc.)			
Sprinkler system?/percentage of areas protected			
Alarm system: 1. C/S fire & burglary, 2. C/S fire only, 3. C/S burglary only, 4. local 5. none			
Climate controlled storage? Yes/No			

Updates/Renovations	Details	Date Completed
Roof		
Plumbing system		
Heating system		
Electrical system		

Self-Storage Operations:

- Is the rental office on premises? Yes No
If no, complete physical address: _____
- Was facility originally designed for self-storage? Yes No
If no, please describe what facility was originally designed for: _____
- Are there any buildings not occupied as self-storage? Yes No
If yes, please provide location and/or building # and occupancy: _____
- Are any tenants conducting non-storage operations on the premises? Yes No
If yes, please describe the specific occupancy including the building where the operations are located and square footage: _____
- Are there any habitational exposures? Yes No
If yes, please provide the type of structure; buildings, who occupies, and square footage: _____
- Does the insured have any business activities other than self-storage operations occurring on the premises? Yes No
If yes, please explain: _____
- Are there truck/trailer rentals? Yes No
If yes, what is the name of the company providing such rentals: _____
- Are there any moving services provided? Yes No
- Is there any indoor storage of RVs, Watercraft, or Vehicles? If Yes: Yes No
How many units total of indoor storage? (RV, Watercraft, Vehicles): _____
What is the % of Gross Sales from indoor storage? (RV, Watercraft, Vehicles): _____
- Do the owners of the RV, Watercraft, Vehicles have sufficient insurance? (\$500k or higher liability limits & Other than Collision Coverage with facility owner as AI) _____
Are there any electric vehicles, antique vehicles, or special vehicles stored? (ATV, Motorcycles, etc.) Yes No
If yes:
 - Is fuel stored inside the unit? _____
 - Are batteries disconnected when stored in the unit? _____
- Is there any outdoor storage of RVs, Watercraft, or Vehicles? If Yes: Yes No
What is the total number of open lot spaces at the facility? (RV, Watercraft, Vehicles): _____
What is the % of Gross Sales from outdoor storage? (RV, Watercraft, Vehicles): _____
- Are there car washes? Yes No
- Are there any records storage/management or valuable items storage? Yes No
- Do any auctions of units take place at the facility? Yes No
If yes, how often do they occur? _____
- Are there any mobile storage containers? Yes No
- Are there any cell towers on premises? Yes No
- Are forklifts or loaders used? Yes No
- Are elevators or lifts used? Yes No
- Are padlocks sold at the rental office? Yes No
- Are duplicate keys retained? Yes No
If yes, who retains the duplicate keys? _____

- Who has access to the duplicate keys? _____
- Where are the duplicate keys kept? _____
- Is a positive ID required when leasing? Yes No
- Are background checks performed for employees and the manager? Yes No
- Are the premises patrolled? Yes No
If yes, by whom? _____
- Are there any armed security personnel? Yes No
- Are security dogs used? Yes No
- Are the premises fully lighted at night? Yes No
- Is the complex fully fenced or enclosed? Yes No
- Is there a controlled gate access system? Yes No
- Are there surveillance cameras and monitors? Yes No
- Are there individual door alarms? Yes No
- Does the lease agreement include:
 - Hold Harmless Agreement? Yes No
 - Prohibit Storage of hazardous and/or flammable items? Yes No
 - Prohibit conducting operations or living in storage units? Yes No

Signed: _____ (must be Officer of Applicant)

Print name & title: _____

Date (MM/DD/YYYY): _____