



APPLICATION FOR THE SELF STORAGE PROGRAM

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant: _____	Requested Effective Date: _____
DBA: _____ <i>(If applicable, include DBA or trade name)</i>	FEIN: _____
Do you conduct Business under any other Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list these Names on a separate paper.	
2. Mailing Address: _____ <i>(Street)</i>	
<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
3. Business Owner(s): _____	Percentage(s) of Ownership: _____ % _____ %
4. Phone: _____	Fax: _____
Email: _____	Website: _____
5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____	
6. Number of years in business under the above name: Additional years of Owner's Self Storage experience: _____ Additional years of Manager's Self Storage experience: _____ If applicable, describe Owner's prior Self Storage experience: _____ _____ If applicable, describe Manager's prior Self Storage experience: _____ _____	

SECTION II – BUSINESS ORGANIZATIONAL DATA

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Does the Applicant/Owner currently own any other Entities or operate any other Businesses? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain <u>and</u> verify that separate General Liability insurance is in place for these operations: _____ _____	
2. Does the Applicant/Owner (Applicant being the parent company) currently own any Subsidiaries? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain <u>and</u> verify that separate General Liability insurance is in place for these operations: _____ _____	
3. Is the Applicant/Owner currently listed as a Subsidiary of any other Company? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain <u>and</u> verify that separate General Liability insurance is in place for these operations: _____ _____	

SECTION III – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Describe the Owner's duties or involvement in the daily operations: _____ _____	
2. Are you an active member of any State and/or National Trade Association (e.g. SSA, AMSA, etc)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please list: _____	
3. Number of Full-time Employees: _____	Number of Part-time Employees: _____
4. Pre-employment Screening for your Employees includes which of the following (check all that applies)? <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Prior Employer Contacted <input type="checkbox"/> Personal References <input type="checkbox"/> Driving Record Check <input type="checkbox"/> Drug Screening <input type="checkbox"/> Other (Describe): _____	

5. Do you have a Training Program in place for new Employees? A. If yes, please describe your training program: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is your Rental Office located at your Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your Manager reside at your Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do your Manager's duties include daily lock checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Your Facility hours of operation are: _____ to _____	
10. Is your Facility accessible to your Customers after hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are two forms of identification required from each prospective Tenant in order to rent space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you offer Customer Storage Insurance to all of your Tenants? A. If yes, through which Insurance Company? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If your Tenants do not purchase Customer Storage Insurance from you, are they required to provide you with evidence of in force Customer Storage Insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are all Tenants required to sign your Rental Contract? If yes, please attach a copy of your Rental Contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are signs displayed throughout your Facility that state that the storage of flammables, hazardous or toxic materials and/or any other pollutants is prohibited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you comply with all applicable Laws concerning the Sale and Disposal of Tenant's property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you sell and/or rent padlocks, packing supplies and/or storage materials? A. If yes, are your sales/rentals of these items limited to your Tenants and/or on-site retail Customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you sell and/or rent (Retail, Wholesale and/or via the Internet) any other products? A. If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you and/or any of your Tenants conduct any type of non-storage operations (e.g. manufacturing, service, repair, etc) at your Facility? A. If yes, please describe these operations: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are forklifts and/or loaders used? A. If yes, is this equipment operated only by you and/or your Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you have a Maintenance Agreement in place for your Fire Suppression (Sprinkler) System?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do you use an Incident and/or Accident Reporting Form? A. If yes, do you retain a copy of each completed form for a minimum of 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV – SALES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. What is your current average occupancy rate? _____ %	What was your average occupancy rate last year? _____ %
2. Please provide your total estimated Annual Gross Sales FOR EACH APPLICABLE OPERATION LISTED BELOW:	
Operation	Estimated Annual Gross Sales
Self Storage Rental Units	\$
Mailbox Rentals	\$
Vault Rentals	\$
Document/Record Storage/Management	\$
Self Service Car Wash	\$
Truck and/or Trailer Rentals	\$
Propane Sales and/or Refilling	\$
Container Storage	\$
Pick-up and/or Delivery of Mobile Storage Containers	\$
Boat and/or Recreational Vehicle Storage	\$
Boat and/or Recreational Vehicle Services and/or Maintenance (i.e. other than Storage)	\$
Fine Art, Antiques and/or Classic Automobile Storage	\$
Wine Storage	\$
Sales/Rental of Padlocks, Packing Supplies and/or Storage Materials	\$
Other Product Sales/Rentals (i.e. other than Padlocks, Packing Supplies and/or Storage Materials)	\$
Other (Describe):	\$

SECTION V – HIRED AUTO AND NON-OWNED AUTO LIABILITY PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	If you are not interested in purchasing Hired Auto and Non-owned Auto Liability coverage, please check this box <input type="checkbox"/> and skip to Section VI.	
2.	Do you currently have any Auto Insurance in place for your business operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A.	If yes, through which Insurance Company? _____	
3.	Before allowing an Employee to drive an Auto in connection with your business, do you verify that the Employee has current Auto Insurance in place with Limits of Liability equal to or greater than \$300,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A.	If yes, how is this verified? _____	

SECTION VI – PRIOR INSURANCE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide details about prior insurance coverage for the last 5 years:			
Year	Insurance Carrier Name	Total Annual Sales	Premium
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
2. In the past 5 years, has your insurance been Declined, Cancelled or Non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If yes, please explain why: _____			

SECTION VII – CLAIMS HISTORY

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide details about your claim history for the last 5 years - if none, please state "none":			
Date of Loss	Description of Loss	Open or Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$
2. Are you aware of any incidents that have occurred prior to the date of this Application which could result in a claim against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If yes, please provide details: _____			

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS: 1) 5 YEAR, CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS FOR EACH LINE OF COVERAGE. 2) YOUR SELF STORAGE RENTAL CONTRACT. 3) PHOTOGRAPHS OF YOUR FACILITY. 4) A PLOT PLAN OF YOUR FACILITY.

Applicant and Producer's Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR SELF STORAGE OPERATIONS AND ANY OTHER APPROVED OPERATIONS SCHEDULED ON THE ISSUED POLICY. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	
Submitting Producer's Signature:		Submitting Producer's Name:	

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE