



SELF STORAGE PROGRAM
QUESTIONNAIRE

1. Name of Applicant: _____	Requested Effective Date: _____
DBA: _____ <i>(If applicable, include DBA or trade name)</i>	
Physical Address: _____ <i>(Street)</i>	
_____	_____
<i>(City)</i>	<i>(County) (State) (Zip Code)</i>
2. Was each Building at your Facility originally designed for Self Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please answer A–C.	
A. Which Building <u>and</u> what was it originally designed for? _____	
B. Has the Building been updated in accordance with all governing construction codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. What year was the Building converted into a Self Storage Facility? _____	
3. Number of Open Lot Rental Spaces: _____ Number of Covered Parking Rental Spaces: _____	

4. Please describe EACH Building located at your Facility:					
	Building 1	Building 2	Building 3	Building 4	Building 5
Distance to Closest Owned Building					
Climate Controlled?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Fire Suppression (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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Burglary Alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Burglary Alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. If any Building listed above is over 20 years old, please provide the date of the most recent updates:					
	Building 1	Building 2	Building 3	Building 4	Building 5
Date of Most Recent Electrical Update					
Date of Most Recent Plumbing Update					
Date of Most Recent Heating Update					
Date of Most Recent Roofing Update					

6. What type of additional security is provided at your Facility (check all that applies)?	
<input type="checkbox"/> Video surveillance/monitoring	<input type="checkbox"/> Controlled gate access system
<input type="checkbox"/> Visitor sign-in and sign-out	<input type="checkbox"/> Armed Security Guard(s)
<input type="checkbox"/> Fully fenced (chain-link, minimum height 6')	<input type="checkbox"/> Fully lighted at night
<input type="checkbox"/> Gates visible from Manager's office	<input type="checkbox"/> Individual door alarms
<input type="checkbox"/> Duplicate keys retained on site	<input type="checkbox"/> Guard dog(s)
<input type="checkbox"/> Keyboard touch pad or card entry	<input type="checkbox"/> Unarmed Security Guard (s)
<input type="checkbox"/> Gates locked at night	<input type="checkbox"/> Tenants provide own locks
<input type="checkbox"/> Other (Describe below)	
7. 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:	

8.	Number of Full-time Employees:		Number of Part-time Employees:		
9.	Is your Rental Office located at your Facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your Manager reside at your Facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do your Manager's duties include daily lock checks?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Your Facility hours of operation are: _____ to _____				
13.	Is your Facility accessible to your Customers after hours?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are two forms of identification required from each prospective Tenant in order to rent space?				<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Do you offer Customer Storage Insurance to all of your Tenants?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, through which Insurance Company? _____				
16.	Do you and/or any of your Tenants conduct any type of non-storage operations (e.g. manufacturing, service, repair, etc) at your Facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please describe these operations: _____				
17.	Are forklifts and/or loaders used?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, is this equipment operated only by you and/or your Employees?				<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	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
19.	What is your current average occupancy rate? _____ %		What was your average occupancy rate last year? _____ %		

20.	Please provide your total estimated Annual Gross Sales FOR EACH APPLICABLE OPERATION LISTED BELOW:			
	Operation	Estimated Annual Gross Sales		
	Self Storage Rental Units	\$		
	Boat and/or Recreational Vehicle 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	\$		
	Other (Describe):	\$		

21.	Please provide details about your claim history for the last 3 years - if none, please state "none" :			
	Date of Loss	Description of Loss	Open or Closed?	Total Incurred
				\$
				\$
				\$
				\$
				\$
22.	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) 4 YEAR, CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS FOR EACH LINE OF COVERAGE. 2) YOUR SELF STORAGE RENTAL CONTRACT. 3) A PLOT PLAN OF YOUR FACILITY.

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE