



SUPPLEMENTAL FACILITY APPLICATION FOR THE SELF STORAGE PROGRAM

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. Number of Car Wash Stalls: _____	

5. Please describe EACH Building located at your Facility:					
	Building 1	Building 2	Building 3	Building 4	Building 5
Occupancy Description (e.g. Storage Units, Office, Garage, etc...)					
Number of Rental Units					
Building Age					
Building Construction Type (e.g. Frame, Joisted-Masonry, Non-combustible, Masonry Non-combustible, Modified Fire Resistive, Fire Resistive)					
Total Square Footage					
Number of Stories					
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

6. If any Building listed above is over 25 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					

7. 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"/> Keyboard touch pad or card entry
<input type="checkbox"/> Visitor sign-in and sign-out	<input type="checkbox"/> Armed Security Guard(s)	<input type="checkbox"/> Unarmed Security Guard (s)
<input type="checkbox"/> Fully fenced (chain-link, minimum height 6')	<input type="checkbox"/> Fully lighted at night	<input type="checkbox"/> Gates locked at night
<input type="checkbox"/> Gates visible from Manager's office	<input type="checkbox"/> Individual door alarms	<input type="checkbox"/> Tenants provide own locks
<input type="checkbox"/> Duplicate keys retained on site	<input type="checkbox"/> Guard dog(s)	<input type="checkbox"/> Other (Describe below)

8. Please list your desired Limits for all desired Coverages for **each** applicable Building located at your Facility:

	Building 1	Building 2	Building 3	Building 4	Building 5
Building (at Replacement Cost)					
Business Personal Property					

9. Do you own any other Building (i.e. not listed on any of our Self Storage Program Applications)? Yes No
If yes, answer A-D.
A. Provide the complete Physical Address:
B. Describe the occupancy/use of this Building:
C. Provide the total Square Footage of this Building:
D. Is separate General Liability Insurance in place for this Building? Yes No

10. Do you own any other Land? Yes No
If yes, answer A-D.
A. Provide the complete Physical Address: _____
B. Describe the use of this Land: _____
C. Provide the total Acreage of this Land: _____
D. Is separate General Liability Insurance in place for this Land? Yes No

11. Within the next year, do you have any plans for any Building construction or renovations? Yes No
A. If yes, please describe plans: _____

12. Within the next year, do you have any plans for expansion at any of your existing locations? Yes No
A. If yes, please describe plans: _____

13. Within the next year, do you plan to acquire any other Buildings or Land? Yes No
A. If yes, please describe plans: _____

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:	
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IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE