



Self-Storage Facility Supplemental Application

1. Name of Applicant: _____ Requested Effective Date: _____
 DBA (if applicable): _____
 Insured Email Address: _____
 Physical Street Address: _____
 City/County/State/Zip Code _____

2. Was each building at your facility originally designed for Self-Storage? Yes No
 If no, please answer each of the following:
 a. Which building and what was it originally designed for? _____
 b. Has the building been updated in accordance with all governing construction codes? Yes 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:

Date of Most Recent Update:	Building 1	Building 2	Building 3	Building 4	Building 5
Electrical					
Plumbing					
Heating					
Roofing					

7. What type of additional security is provided at your facility (please check all that apply)?

- Video surveillance/monitoring Controlled gate access system Keyboard touch pad or card entry
 Visitor sign-in and sign-out Armed Security Guard(s) Unarmed Security Guard(s)
 Fully fenced (chain-link, min height 6ft) Fully lighted at night Gates locked at night
 Gates visible from Manager's office Individual door alarms Tenants provide own locks
 Duplicate keys retained on site Guard dog(s)
 Other (please describe): _____

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. Please confirm the annual revenue and occupancy rates for the past three policy terms:

	Expiring Term	1 st Year Prior	2 nd Year Prior
Occupancy Rate			
Annual Revenue			

Do you or any affiliated entities:

- a. Have any prior or current bankruptcy or receivership activity against you? Yes No
 b. Have any open tax liens or judgements pending? Yes No
 c. Have any outstanding collection items or trade payments issues? Yes No

10. Do you own any other building (i.e. not listed on any of our Self-Storage Programs 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

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

If yes, please describe the plans: _____

12. Within the next year, do you have any plans for expansion at any of your existing locations? Yes No

If yes, please describe the plans: _____

13. Within the next year, do you plan to acquire any other buildings or land? Yes No

If yes, please describe the 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	