

POLICY NO.:

DATE ISSUED:

INCEPTION DATE 12:01 A.M.:

EXPIRATION DATE 12:01 A.M.:

CUSTOMER STORAGE INSURANCE POLICY

STORAGE FACILITY NAME & ADDRESS

AGENT/BROKER NAME & ADDRESS

INSURED NAME & MAILING ADDRESS

SPACE
NUMBER

AMOUNT OF
INSURANCE

PREMIUM

This document is your insurance policy. Although it's a legal document, we've tried to present it in a way that's easy to understand. If you have any questions, though, call us at (800) 847-9999.

FIRST THINGS FIRST

Some words in your policy have special meanings. **"We," "us,"** and **"our"** all refer to the insurance company shown above. **"You"** and **"your"** refer to the person shown above as the insured.

WHAT PROPERTY IS INSURED?

We insure **your** personal property in storage within the storage unit shown above. **We** also insure personal property that belongs to others, **BUT ONLY IF, BEFORE ANY LOSS OCCURS, YOU AGREED TO BE LIABLE FOR IT THROUGH A WRITTEN AGREEMENT.**

Some types of property are not insured—see **WHAT PROPERTY IS NOT INSURED** below.

WHAT PROPERTY IS NOT INSURED?

1. Motor vehicles, boats or other property at your self storage facility while stored outside your storage unit, except for the limited coverage shown under **"EXTRAS."**
2. Money, accounts, deeds, bills, or securities;
3. Jewelry, watches, precious or semi-precious stones, furs, or clothing trimmed in fur.
4. Animals.

WHAT LOSSES ARE INSURED?

Not all loss or damage to **your** personal property is insured by **us**. **We** insure **your** loss only if it happens during the time **your** policy is in effect, and it's caused directly by any of the following perils:

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. Theft; 2. Fire, smoke or lightning; 3. Wind or Hail, but only if the building where your property is stored is first damaged by the Wind or Hail; 4. Explosion or Sonic Boom; 5. Vandalism or Malicious Mischief; | <ol style="list-style-type: none"> 6. Labor strikes, Riots or Civil Commotion; 7. Landslide, Earthquake or Volcanic Eruption; 8. Vehicles; 9. Falling objects, but only if the building where your property is stored is first damaged by the Falling Object; | <ol style="list-style-type: none"> 10. Weight of Ice, Snow or Sleet; 11. Building Collapse; 12. Sinkhole Collapse; 13. Aircraft, Missiles or Spacecraft; 14. Water Damage, but not Flood – See WHAT LOSSES ARE <u>NOT</u> INSURED" |
|---|---|--|

WHAT LOSSES ARE NOT INSURED?

WE DON'T INSURE LOSSES CAUSED BY ANY OF THE FOLLOWING:

1. Flood. This includes flooding, water that accumulates on the surface, waves, tidal water or tidal waves, or spray from any of these, whether driven by the wind or not.
2. Wear and tear, gradual deterioration, inherent vice, or latent defects.
3. Moths, insects, rodents or vermin, **except for the limited amount of coverage shown below under "EXTRAS."**
4. Mold, mildew or wet or dry rot.
5. Atmospheric condition or changes in temperature.
6. Breakage of glass or fragile articles.
7. Delay, loss of use, or loss of market.
8. War and military action, whether undeclared or civil war, any action by any military force, insurrection, rebellion, revolution, usurped power or any action by any governmental authority defending against any of these actions.
9. Nuclear reaction or radiation or radioactive contamination, unless fire ensues, and then we only insure the loss or damage caused by the fire.

EXTRAS

Transit: If **you** are transporting personal property to or from the storage unit shown on the first page of your policy, and are within 100 miles of this storage unit, **we** will insure **you** for loss to the property caused by collision, upset or overturn of the transporting vehicle or trailer, up to the amount of insurance shown on the first page of **your** policy.

THIS EXTRA INSURANCE DOES NOT APPLY TO LOSS TO MOTOR VEHICLES, BOATS OR RECREATIONAL VEHICLES.

Motor Vehicles, Boats and Recreational Vehicles Stored Outside: When these items are stored in open lots or open storage that is not fully enclosed as an individual storage unit, we insure them for all the perils listed under "WHAT LOSSES ARE INSURED?" **EXCEPT for loss caused by theft, wind, hail, vandalism or malicious mischief.**

Moths, Insects, Rodents or Vermin Damage: Up to 10% of the amount of insurance shown on the first page of **your** policy but not more than **\$500** for loss or damage caused by moths, insects, rodents or vermin.

Debris Removal: Up to 25% of the amount of insurance shown on the first page of **your** policy for the necessary expenses **you** pay in removing the debris that results from loss or damage to the storage unit due to one of the causes listed in the "WHAT LOSSES ARE INSURED?" section.

Extra Rental Expense: Up to 25% of the amount of insurance shown on the first page of **your** policy for the necessary expenses **you** pay for the rental of a substitute storage unit when **you** can't use the storage unit shown on the first page of **your** policy because of loss or damage to the unit due to one of the causes listed in the "WHAT LOSSES ARE INSURED?" section.

THE DEDUCTIBLE

We don't insure any loss that is less than \$100. If **your** loss is more than \$100, **we** only pay for the amount of loss that is over \$100. A different deductible applies to losses caused by earthquake—see the paragraph below. **We** will waive **your** deductible if you have a theft loss when **you** have implemented additional security for **your** storage unit by using either a disc padlock or individual storage unit alarm system.

SPECIAL EARTHQUAKE DEDUCTIBLE

When **your** loss is caused by earthquake, **we** don't insure any loss that is less than \$1,000. If **your** loss is more than \$1,000, **we** only pay for the amount of loss that is more than \$1,000.

HOW MUCH WILL I GET PAID IF I HAVE A CLAIM?

For losses **we** insure and that are over **your** deductible amount, **we** will pay **you** the **SMALLEST** of the following amounts:

1. The Actual Cash Value of the loss. Actual Cash Value means the used value of **your** property, taking into account its age and condition, with proper consideration for depreciation. This is usually less than the cost to replace with new property.
2. The cost of reasonably repairing or restoring the property to its condition just before the loss;
3. The cost of replacing the lost or damaged property with property that is of like kind, quality and use.

THE MOST WE WILL PAY IN ANY LOSS IS THE AMOUNT OF INSURANCE SHOWN ON THE FIRST PAGE OF YOUR POLICY.

WHAT TO DO IF YOU HAVE A CLAIM

You need to contact **us** promptly. Call toll-free to (800) 847-9999, fax **us** at (626) 578-0225, or write to **us** at:
Deans and Homer
P. O. Box 7057
Pasadena, CA 91109-7057

Tell **us** **your** name and address, telephone number and policy number. **You** also need to tell **us** how, when and where the loss occurred.

You need to tell **us** what property was involved, and who owned it or had an interest in it.

You need to tell **us** the names and addresses of any witnesses. If the loss is due to theft, **you** must report it to the police.

You must cooperate with **us**, and do the following if **we** request **you** to:

1. Show **us** the damaged property before **you** dispose of it or repair it;
2. Give **us** any records that prove the loss or **your** ownership in the property;
3. Provide **us** with a sworn statement containing the requested information, signed under penalty of perjury ;
4. Submit to an examination under oath conducted by any person named by **us**.

WE DON'T HAVE TO PAY ANY CLAIM UNTIL YOU COMPLY WITH THESE CONDITIONS .

APPRAISAL

If **you** and **we** can't agree on the amount of **your** claim, here's how **we** will resolve it:

Either **You** or **we** may give the other a written request for an appraisal. Within 60 days of the request, **you** and **we** will each select a competent appraiser. The appraisers will select an umpire. If they can't agree upon who to select within 15 days, they will ask a judge of an official court in the state where the storage unit is located to make the selection for them. The two appraisers and the umpire will review information submitted by **you** and **us** about the value and amount of loss, and decide the amount of the loss. The written agreement of any two of the three as to how much the loss is will be the binding and agreed amount of the loss. **You** and **we** will each pay for our own appraisers, and we'll split the cost of the umpire.

WHEN WILL THE LOSS BE PAID?

We will pay any insured loss within 15 days after **we** agree with **you** how much the loss is, or within 15 days after receiving the written decision of the appraisers.

OTHER INSURANCE

You might have other insurance that insures a loss that **we** also insure. If so, **we** won't pay **you** more than the portion of the loss under this policy bears to the total amount of insurance for the loss under all policies which cover the loss, except insurance written specifically to cover as excess over the limits of insurance that apply in this policy. This condition applies even if **you** don't choose to report the loss to **your** other insurance company.

CONCEALMENT, MISREPRESENTATION AND FRAUD

We won't pay for any claim if **you** intentionally conceal or misrepresent a material fact relating to the claim, or **you** engage in any fraudulent conduct or knowingly make a false statement relating to this insurance.

LEGAL ACTION AGAINST US

You can't take any legal action against **us** as the result of a claim unless **you** first comply with all the terms and conditions of the policy. Any action **you** take must be brought within two years after **you** first know about a claim, regardless of when **you** report the claim to us. If you don't take action within this time period, **you** cannot be paid for **your** claim.

RIGHTS AGAINST OTHERS

It's possible that **you** might have a claim for damage caused by someone else. If **we** pay **you** for the claim, **we** may be entitled to recover from the responsible party the amount **we** pay **you**. **You** must assist **us** if we try to recover, and **you** agree to not do anything which would hinder **our** recovery. If **we** do recover any portion of the amount **we** paid **you**, **we** will reimburse **your** deductible in proportion to the amount **we** recover.

WHEN THIS INSURANCE ENDS

This insurance automatically ends without any further notice to **you** on the date **your** Rental Agreement for the storage unit shown in the first page of **your** policy is terminated.

If **your** agreement is not terminated, **your** policy will expire at 12:01 a.m. on the Expiration Date shown on the First page of **your** policy.

CANCELLATION

You can cancel this policy at any time by mailing us a written request to cancel. **We** will return any unused premium greater than the \$20 minimum premium. Your request must include your name and policy number, and be sent to:

**Deans and Homer
P. O. Box 7057
Pasadena, CA 91109**

We can cancel **your** policy if **you** don't pay the premium, in which event **we** will deliver or mail notice to **you** at least fifteen days before the effective date of cancellation.

RENEWAL

We will send **you** an expiration notice at least 30 days prior to this date to the address shown on the first page of **your** policy. **You** may extend **your** insurance by sending us the required premium, which must be received by **us** before the expiration date. If **you** pay by check, and the check is not honored by **your** bank, **we** will send **you** a cancellation notice (See "**CANCELLATION**" above.) **We** will charge **you** \$15 for any check returned by **your** bank due to insufficient funds.

NONRENEWAL

If **we** elect to discontinue **your** policy for any other reason, or if **we** increase the current insurance premium by more than 10% or change any policy provision which would limit or restrict coverage, **we** will only do so on the date **your** policy expires. If **we** choose not to renew **your** policy, increase your premium, or restrict your coverage as described above, **we** will give **you** at least sixty days written notice before the expiration date shown on the first page of **your** policy. Any notice required by this policy will be sent to **you** at the mailing address shown on the first page of **your** policy.

THE FINE PRINT

This policy is the entire agreement between **you** and **us**. The terms and conditions can only be changed in writing agreed to by **us**. If any of the terms and conditions in this policy are in conflict with the laws of the state where the storage unit shown on the first page of **your** policy is located, this policy is amended to conform with such laws.

CONTACTING US

You may reach us at:

**DEANS AND HOMER
P. O. Box 7057
Pasadena, CA 91109
(800) 847-9999**