

SELF STORAGE INSURANCE POLICY APPLICATION

Applicant's Name and Mailing Address: DBA: Phone Number: Fax Number:)	Producer's Name and Address: Phone Number: Fax Number:)
Name, Address and County of Storage Facility: Phone Number:	Mortgagee's Name and Address: Fax Number:
Insured is <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (LLP or REIT)	
LOSS HISTORY - List losses for the last 3 years - Including dates, location and amount: 	
Present Carrier - _____ Expiration - _____ Premium - \$_____	
DOCUMENTS THAT MUST BE FORWARDED WITH APPLICATION A. Self Storage Lease or Rental Agreement Used B. Photographs of Storage Facility C. Loss Runs from Current Insurer D. Plot Plan	
CUSTOMER STORAGE INSURANCE PROGRAM Check here if interested in our Customer Storage Insurance Program or the Customer Storage Protection Plan for your customers. <i>(Qualifying facilities that have insurance available for their customers or where liability assumed under agreement for loss or damage to customer's stored property is otherwise insured will receive a 15% rate discount on Customer Storage Legal Liability Coverage.)</i>	

SECTION I - PROPERTY COVERAGES

COVERAGE A: Buildings and Business Personal Property (Insurance limit will be set at 120% of rated limit if the property is insured for its current estimated replacement cost.)

DEDUCTIBLE \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

REQUESTED LIMITS: \$ _____

COVERAGE B: Loss of Income (Included Automatically at 30% of Coverage A)

REQUESTED LIMITS: \$ _____

COVERAGE C: Employee Dishonesty

DEDUCTIBLE - \$250 No Coverage \$5,000 \$10,000 \$25,000

SECTION II - BUSINESS LIABILITY COVERAGES

COVERAGE D: Business Liability

COVERAGE E: Personal Injury and Advertising Injury Liability

COVERAGE F: Hired Auto and Non-Owned Auto Liability

REQUESTED LIMITS:	Occurrence	Aggregate	Occurrence	Aggregate
	\$300,000	\$1,000,000	\$3,000,000	\$4,000,000
	\$500,000	\$1,500,000	\$4,000,000	\$4,000,000
	\$1,000,000	\$3,000,000	\$5,000,000	\$5,000,000
	\$2,000,000	\$4,000,000		

COVERAGE G: Medical Payments (Selected Limits Apply Per Person)

REQUESTED LIMITS: \$1,000 (Included) \$5,000 \$10,000

COVERAGE H: Customers' Goods Legal Liability (This Coverage Is Optional)

REQUESTED LIMITS: None \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

(Apply 15% Credit for an approved Customer Insurance Program? Yes No)

COVERAGE I: Sale and Disposal Liability

DEDUCTIBLE \$1,000 \$2,500 \$5,000

REQUESTED LIMITS (\$10,000 subject to \$2,500 deductible is automatically provided with the policy.)

\$10,000	\$15,000	\$25,000	\$30,000	\$45,000	\$50,000	\$75,000
\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$500,000	\$1,000,000

OPTIONAL OR ADDITIONAL COVERAGES

Indicate a check in the box below for options desired and indicate the requested limits.

Money – Evidences of Debt (\$5,000 included, may be increased to \$10,000) \$ _____

Employee's Personal Property (\$5,000 included, may be increased as required.) \$ _____

Exterior Signs – (\$10,000 included, may be increased as required.) \$ _____

Additional Insured

Name: _____

Address: _____

Interest: Property Manager, Mortgagee, or Lessor of Leased Property

Receiver, Property Owner/Lessee

Contractor, Architect, Engineer, State or Political Subdivision

If other, please describe: _____

Building Ordinance, Increased Cost of Construction – (\$100,000 Included) \$ _____

Increased Limits – Computer Media, Valuable Papers and Records – (\$10,000 included) \$ _____

Increased Limits – Fences (\$25,000 Included) \$ _____

- Increased Limits – Business Property Off Premises or In Transit (\$10,000 Included) \$ _____
- Increased Limits – Newly Acquired Property – (\$1,000,000 for 90 days Included) \$ _____
- Increased Limits – Lawns, Outdoor Trees, and Shrubs – (\$10,000 Included) \$ _____
- Increased Limits – Fire Department Service Charge – (\$5,000 Included) \$ _____

BUSINESS INFORMATION

Year Business Began _____	Positive Identification Required to Rent Space? Yes No
Hours Gate Entrance Open From _____ To _____	Facility Management Software System Provider: _____
Hours Office Open From _____ To _____	Facility/Manager Has Keys To Storage Spaces? Yes No
Current Occupancy Rate: _____ %	Are Motorized Vehicles (licensed or unlicensed) Used on the Premises? Yes No
Manager's Name: _____	Forklifts or Elevators Used? Yes No
Office On Premises? Yes No	# of Elevators _____ # of Forklifts _____
Manager's Duties Include Daily Lock Checks? Yes No	

DESCRIPTION OF STORAGE FACILITY

Year Facility Originally Built _____	Exterior Wall Construction _____
Originally Designed As A Self Storage Facility? Yes No	Interior Partitions/Construction _____
If No, Year Facility Was Converted? _____	Roof Type (Metal, Composition etc.) _____
Original purpose/occupancy? _____	If metal, Gauge _____
Construction Cost \$ _____	Age of Roofs _____
Current Estimated Replacement Cost \$ _____	Date Roofs Last Inspected _____
Number of Buildings _____ Number of Stories _____	Do interior walls extend to the ceiling? Yes No
Minimum Distance Between Buildings: _____(ft.)	Climate Controlled Facility? Yes No
Highest Valued Building \$ _____	# of Buildings Climate Controlled _____
Building Areas (sq. ft.) Bldg 1 _____ Bldg 2 _____	Is the Facility Located in a Designated Flood Zone? Yes No
Bldg 3 _____ Bldg 4 _____ Bldg 5 _____	If Facility Is Located In A Coastal Area, Distance From Beach _____ (miles)
Bldg 6 _____ Bldg 7 _____ Bldg 8 _____	
Total Building Area (sq. ft.) _____	

SECURITY & PREMISES FIRE PROTECTION

Manager Resides on Premises? Yes No	Card Entry? Yes No
Alarm System: None Local Central Station	Is Facility Accessible by Customers After Hours? Yes No
System Monitors: Fire Burglary	Tenants Provide Their Own Locks? Yes No
Individual Unit Alarms? Yes No	Automatic Sprinkler System? Yes No
Facility Fully Fenced or Enclosed? Yes No	If Yes, Is The Alarm Connected To The Fire Department or Security Company? Yes No
Type and Height of Fence: _____	If The Sprinkler System Does Not Cover All Buildings, Which Buildings Are Sprinklered? _____
Facility Fully Lighted at Night? Yes No	Is Facility Within City Limit? Yes No
Professional Guard Dogs (Not A Pet)? Yes No	I.S.O. Protection Classification: _____
Gate Access Control? Yes No	Distance to Fire Station: _____mi
Dog Warning Signs Posted? Yes No	Distance to Fire Hydrant: _____ft
Sign In/Sign Out? Yes No	
Video Surveillance/Monitoring? Yes No	
<input type="checkbox"/> Monitors Gate <input type="checkbox"/> Monitors All Public Areas	
Driveway Hose Bell? Yes No	
Keyboard Touch Pad? Yes No	

SUPPLEMENTAL RATING INFORMATION

Annual Rental Income _____ Hired or Rental Vehicles Used? Yes No
Is The Owner Or Any Commercial Tenants Conducting Retail, Name of Truck/Trailer Rental Company _____
Repair, Processing, Manufacturing, Or Other Non-storage Annual Rental Vehicle Receipts _____
Operations? Yes No If Yes, describe: _____ Self Service Car Wash Operation? Yes No
_____ If Yes, # of Stalls _____
Number of Rental Spaces - Inside Buildings _____ Number of Facilities Owned or Managed by Applicant _____
Open Lot (R.V. & Boat Storage) _____ (sq. ft.) _____ (# of spaces) Are All Facilities Insured Through Deans & Homer _____

EMPLOYEE DISHONESTY - COVERAGE C

(Complete This Section Only When Requested Limit For Employee Dishonesty Exceeds \$5,000.)

Frequency of on-site audits _____
By whom made? _____ Total number of employees _____
Other than owner, who has check signing authority? Owners actively involved in business? Yes No

SALE AND DISPOSAL LIABILITY - COVERAGE I

What limitations are placed on the manager’s authority to conduct a sale? _____
What legal remedies are pursued when selling tenant’s property? _____
What is the earliest date after initial rental delinquency that a tenant’s property may be sold? _____ (No. of Days)
How many sales of individual tenant’s property occurred during the last twelve (12) months? _____

**UNDER LOSS HISTORY, LIST CLAIMS OR COURT ACTIONS BY TENANTS DURING LAST 3 YEARS.
FORWARD COPIES OF THE FOLLOWING DOCUMENTS:**

- * The Insured’s written procedural instructions used by the facility manager in conducting a sale of tenant’s property.
- * Copies of Letters and Notices mailed to tenant as called for by the procedural instructions. Include copies of newspaper notices advertising sale.

COMMENT SECTION

Applicant’s Signature: _____ Date: _____
Agent’s Signature: _____ Date: _____

FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. (Not applicable in AK, AR, AZ, CA, CO, DE, DC, FL, ID, IN, KY, LA, MD, ME, MN, NH NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, WA and WV.)

STATE FRAUD STATEMENTS

ALASKA

Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

ARIZONA

For your protection Arizona state law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

For your protection Colorado law requires the following to appear on this form. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to any insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

IDAHO

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

KENTUCKY

Any person who, knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA

Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of crime and may be subject to fines and confinement in prison.

Signature of Insured or Agent