



SELF-STORAGE INSURANCE APPLICATION

FAX TO: 602-861-1094

UMBRELLA QUOTE: (Please submit Acord application) \$1 MIL \$2 MIL \$3 MIL \$4 MIL \$5 MIL

INCLUDED COVERAGES

COMPUTER SOFTWARE (\$20,000 included)	MONEY & SECURITIES (\$10,000 included)
VALUABLE PAPERS & RECORDS (\$25,000 included)	EMPLOYEE'S PERSONAL PROPERTY (\$5,000 included)
*Present Carrier:	Expiration Date: Premium:

DESCRIPTION OF EACH STORAGE FACILITY BUILDING

Total Number Of: • Non-Storage Buildings on Premises: _____ • Self-Storage Buildings: _____	Bldg # _____	Bldg # _____	Bldg # _____	Bldg # _____	Bldg # _____	Bldg # _____
Value of Each Building						
Year Constructed						
Distance Between Buildings						
Square Footage of Each Building						
Number of Units						
Number of Stories						
Construction Material: • Exterior Walls • Joisting						
Roof Type: If metal, state gauge UL thickness and wind uplift classification (Ordinary, Semi-Wind Resistive or Wind Resistive)						
Construction Materials of Interior Partitions						
Amount of Gap Between Ceiling & Partition						
Climate-Controlled Storage?						

PREMISES PROTECTION

Is rental office on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, provide complete physical address below:	Connected to central station? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Burglar alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connected to central station? <input type="checkbox"/> Yes <input type="checkbox"/> No
Designed originally for self-storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Positive ID required when leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, a supplemental application is required.	Does Manager reside on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does Manager check tenants' locks on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has property suffered flood or surface water accumulation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are premises patrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain how:	Hired armed security guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Fully lighted at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to fire hydrant:	Hours when gates are open: _____ to _____
Distance to & name of servicing Fire Dept:	
Is facility inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are gates locked at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subscription Fire Dept. dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complex fully fenced or enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operational sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gates visible from Manager's office? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gate access or control system? <input type="checkbox"/> Yes <input type="checkbox"/> No
	- Type: _____
	TV monitors? <input type="checkbox"/> Yes <input type="checkbox"/> No



NON-STORAGE ACTIVITIES	
Are tenants conducting manufacturing repair work, retail or any other non-storage operations? If YES, describe, including building in which they are located & the square footage they occupy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the named insured have any business activities other than self-storage operations occurring on the premises? – Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured or has insured ever acted as a General Contractor? If YES, a Contractors Supplemental Application is required. <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail box rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No Vault-style rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No Truck/trailer rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No – Name of Company:
Does insured conduct container storage operations? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any cell towers on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Does insured offer wine storage? If YES, a Wine Storage Supplemental Application is required. <input type="checkbox"/> Yes <input type="checkbox"/> No	Self-service car wash? – Number of stalls: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (describe): <input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL INFORMATION	
Does Owner act as Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees/Management number of years experience in self-storage industry: _____ Forklifts or loaders used? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators or lifts used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of rental spaces in building: _____ Are duplicate keys to rented storage units retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual rental income at 100% occupancy: _____ Number of open lot spaces (RVs, boats): _____

COURSE OF CONSTRUCTION	
Beginning date: _____ Ending date: _____	Is Owner acting as the General Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, a Contractors Supplemental Application is required.

COVERAGE C – EMPLOYEE DISHONESTY	
Frequency of audits? _____ Other than Owner, who has check-signing authority? _____ Total number of employees? _____	Who completes audits? _____ Owner actively involved in business? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE IF COVERAGE DESIRED – EMPLOYEE RESIDENT MANAGER’S PERSONAL LIABILITY	
Your Employee Resident Manager’s name: _____ List any personal liability losses for the past three years in the Loss History section.	
Manager’s signature: _____	Date: _____

COVERAGE H – SALE & DISPOSAL LIABILITY	
Does applicant have written procedures in place that conform to state laws where they are operating? <input type="checkbox"/> Yes <input type="checkbox"/> No How many sales of individual tenant’s property occurred in the last 12 months? _____	Any claims or court actions made in the past 3 years by tenants claiming damage for sale and disposal of their personal property? (If YES, please attach details.) <input type="checkbox"/> Yes <input type="checkbox"/> No
If the limit requested is over \$100,000, complete the MiniCo Sale & Disposal Liability Supplemental Application and submit with attached requested documents.	

LOSS HISTORY		
All losses past 3 complete years: _____	Date: _____	Amount: _____
Additional loss history and any comments should be submitted on a separate sheet of paper. Documents required with application: 1) Lease or Rental Agreement Used 2) Photographs of Facility 3) Site Diagram of Facility and Surrounding Area		

