

DESCRIPTION OF STORAGE FACILITY (If Same, Write Same in the appropriate column)						
Total Number of All Buildings on Premises : _____	BLDG	BLDG	BLDG	BLDG	BLDG	BLDG
Total Number of Self Storage Buildings: _____	# _____	# _____	# _____	# _____	# _____	# _____
Year Building Was Constructed						
Distance Between Buildings in Feet						
Total Area (Gross Square Feet of each building)						
Number of Stories (each building)						
Type of Construction: <i>wood, masonry, metal, mixed</i> If mixed percentage of each: Exterior Walls: Joisting (Interior & Exterior)						
Roof Material and Type (each building) If metal, state gauge thickness: _____ and wind uplift classification: _____ (Ordinary, Semi-Wind Resistive or Wind Resistive)						
Climate Controlled Storage:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Protection						
Is Rental Office on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Manager Reside on Premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Provide Complete Address Below: _____ _____	Does Manager Check Tenants Locks-daily		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Designed Originally for Self-Storage <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Patrol?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If No: Purpose Originally Constructed for: _____	Armed Security Guard?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Licensed Contractor Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Guard Dog?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Submit Interior & Exterior Photos</i>	Dog Warning Signs Posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has Property suffered Flood or Surface water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Where Are Dogs Kept During Business Hours: _____					
If Yes, Explain How: _____	Fully Lighted at Night		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Coastal Area, Distance from Beach: _____	Are Gates Locked at Night:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Above Sea level: <input type="checkbox"/> Yes <input type="checkbox"/> No number of feet _____	Complex Fully Fenced or Enclosed		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Distance to Fire Hydrant: _____	Number of Entries: _____ of Exits: _____					
Distance to Servicing Fire Department: _____	Gate Access or Control System:					
Is Facility Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked Manually		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, Name of Servicing Fire Department: _____	Automated Barrier Arm		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operating Sprinkler System in All Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Keyboard Touchpad		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Alarms in All Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Entry		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Alarm connected to Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sliding Gate		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Burglar Alarms in All Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveway Bell?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Burglar Alarms connected to Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No	T.V. Monitors		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Supplemental Information

Does Owner Act as Manager? Yes No Are Duplicate Keys to Rented Storage Units Retained? Yes No
Employee/Management Number of Years Experience If Yes, Who Retains Keys? _____
In Self Storage Industry: _____ Where are Keys Kept? _____
Forklifts or Loaders Used? Yes No
Elevators or Lifts Used? Yes No Annual Rental Income: \$ _____
Are Padlocks Sold at Rental Office? Yes No Number of Open Lot Spaces? _____
Total Number of Rental Spaces in Buildings: _____ (R.V.'s, Boats, etc) _____

NON-STORAGE ACTIVITIES

Any Tenants Conducting Non-Storage Operation? Yes No Does the Named Insured Have Any Business Activities Other Than
If Yes, Describe, Including Building in Which They are Located: Self Storage Operations Occurring on the Premises?

If so describe: _____

Resident Manager's Personal Liability – Complete if Coverage Desired

Manager's Name(s): _____
Has any company ever rejected, cancelled or non-renewed Manager's insurance? Yes No
If Yes, explain: _____
List any personal liability losses for the past three years in the Loss History Section.
Manager's Signature: _____ Date: _____

Sale & Disposal Legal Liability

Coverage H – Complete when Coverage Desired Exceeds \$10,000

What State Law Code Section is Followed When Reclaiming Spaces: _____
Does your Software automatically print the required letters, notices for late payments , cancellations, sale & disposal letters per your
State rules? Yes No If Yes, name of software used: _____
What Limitations are Placed on Manager's Authority? _____
How Many Sales of Individual Tenant's Property Occurred in the Last 12 Months? _____
What was the Total Amount Recovered from Such Sales? \$ _____
List Number of Days after Initial Rental Delinquency that Tenant's Property may be Sold: _____
List any Small Claims or Superior Court Actions for the past 3 years by Tenant's claiming damage for Sale or Disposal of their
Personal Property in the Loss History Section.

Loss History – Past 3 years - Details including Date of Loss and Amounts Paid. Prefer to receive 3 years of Hard Copy Loss Runs

Documents Required with Application

- 1) Lease or Rental Agreement Used 2) Photographs (5) of Facility Interior & Exterior 3) Site Diagram of Facility & Surrounding Area

Signature of Agent Mailing Date Personal Signature of Applicant Date

NOTICE TO APPLICANT: I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING

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.
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