

**SELF STORAGE FACILITIES SUPPLEMENTAL APPLICATION**

**A. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name and Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**B. GENERAL INFORMATION**

1. Description of Self Storage Facility:
 

Number of Self Storage Buildings: _____	Number of Open Lot Spaces: _____
Total Number of Rental Units: _____	Climate Controlled Storage <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Non-Storage Buildings: _____	If yes, percent climate controlled? _____ %
2. Description of Self Storage Operations (check all that apply):
 

<input type="checkbox"/> Standard (packed by owner) self storage	<input type="checkbox"/> Containerized (vault boxes or pods) self storage
<input type="checkbox"/> Packing material sales	<input type="checkbox"/> Storage container pickup and delivery
<input type="checkbox"/> Packing and crating for customers	<input type="checkbox"/> Other (describe): _____
3. Was the facility originally built for self storage?  Yes  No  
 If no, what was it originally constructed for? \_\_\_\_\_
4. Annual rental income at 100% occupancy: \$ \_\_\_\_\_  
 Total receipts from all business operations: \$ \_\_\_\_\_  
 Total receipts from open lot storage: \$ \_\_\_\_\_
5. Does the owner act as the manager?  Yes  No
6. Number of years experience in the self storage industry: \_\_\_\_\_
7. Are all buildings sprinklered?  Yes  No  
 Is there a sprinkler maintenance agreement in place?  Yes  No
8. Are any forklifts or loaders used?  Yes  No
9. Are any elevators or lifts used?  Yes  No
10. Is there any storage or servicing of boats for marinas?  Yes  No
11. Is the storage of contractors' mobile equipment permitted?  Yes  No
12. Are duplicate keys retained to storage units?  Yes  No
13. Does the applicant hire subcontractors for maintenance and snow removal?  Yes  No
  - a. If yes, does the applicant obtain certificates of insurance?  Yes  No
  - b. If yes, is the applicant listed as an additional insured on the contractor's policy?  Yes  No
  - c. If no, who is responsible for maintenance and snow removal? \_\_\_\_\_

**C. ADDITIONAL COVERAGE INFORMATION**

1. Customers Goods Legal Liability
  - a. Limits:  \$50,000  \$100,000  \$300,000
  - b. Deductible:  \$500  \$1,000
  - c. Does the applicant offer tenant / customer storage insurance?  Yes  No  
 If yes, who is the provider? \_\_\_\_\_
2. Sale and Disposal Liability
  - a. Limits:  \$5,000 customer / \$25,000 aggregate  \$10,000 customer / \$50,000 aggregate  
 Note: A \$500 per customer deductible applies.
  - b. Does the applicant have written procedures in place that conform to to state disposal laws?  Yes  No
  - c. How many sales of individual tenant's property occurred in the last 12 months? \_\_\_\_\_
  - d. Any claims or court actions made in the past 3 years by tenants claiming damage for sale and disposal of their property? (If yes, provide details in the REMARKS section.)  Yes  No

**D. PREMISES PROTECTION**

- 1. Is the rental office on site?  Yes  No  
If no, provide the address of the rental office:  
\_\_\_\_\_
- 2. Does manager reside on premises?  Yes  No
- 3. Does manager check tenants' locks on a daily basis?  Yes  No
- 4. Is the premises patrolled by local police or security company?  Yes  No
- 5. Is there a hired armed security guard?  Yes  No
- 6. Is positive ID required when leasing?  Yes  No
- 7. Is the facility fully fenced or enclosed?  Yes  No
- 8. Is the facility fully lighted at night?  Yes  No
- 9. Number of entries and exits:
- 10. Indicate the facility gate access system:  
 Manual Lock                       Keyboard Touch Pad  
 Access Card                       Automated Barrier Arm  
 Manual sign in / sign out system  
 Other: \_\_\_\_\_
- 11. Are the gates visible from the manager's office?  Yes  No
- 12. Hours gates are open: \_\_\_\_\_
- 13. Are the gates locked at night?  Yes  No
- 14. Are there camera monitors on the premises?  Yes  No

**E. NON-STORAGE OPERATIONS**

- 1. Does the applicant have any business operations other than self storage operations occurring on the premises?  Yes  No  
If yes, describe: \_\_\_\_\_
- 2. Are truck or trailer rentals offered by the applicant?  Yes  No
- 3. Is there any wine or liquor storage?  Yes  No
- 4. Does the applicant offer document storage management services?  Yes  No
- 5. Do any tenants conduct any type of non-self storage operations on the premises?  Yes  No  
If yes, describe: \_\_\_\_\_

**F. INCLUDE COPY OF CURRENT LEASE OR RENTAL AGREEMENT BEING USED.**

**REMARKS:**

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