



Location Number

Attach a separate supplemental application for each storage facility.

APPLICANT INFORMATION

FACILITY NAME	ACCOUNT NAME:
LOCATION ADDRESS	
CONTACT PERSON FOR INSPECTION (include title)	TELEPHONE
DRIVING DIRECTIONS (if needed)	

- REQUIRED SUBMISSION DOCUMENTATION:**
- Copy of lease or rental agreement
 - Diagram of facility (including fence and gates) and/or facility brochure
 - Copy of any advertisement(s)

PROPERTY COVERAGE FOR THIS LOCATION

ITEM#	OCCUPANCY	CONSTRUCTION		SQUARE FEET	BLDG / MISC PROPERTY LIMIT	BPP LIMIT
		WALLS	ROOF			

RATING INFORMATION

Y/N

How many indoor rental units? _____	
How many are climate controlled? _____	
Is there any outdoor rental storage?	
Are any of the buildings converted structures? If 'Yes', explain: _____	
Annual rental income from outdoor storage: \$ _____	
Annual rental income from indoor storage: \$ _____	
Annual income from any other operations: \$ _____	
What was the occupancy rate the last twelve (12) months? _____%	
Any specialized usages of the facility or specialized storage? If 'Yes', describe: _____	
Describe the neighboring properties: Front: _____ Right: _____ Rear: _____ Left: _____	

PHYSICAL FEATURES

Year complex was built? _____	
Is the rental office on the premises? If 'No', provide the address: _____	
Was the facility originally built for self-storage purposes? Note: If any part of facility has been converted, the risk is ineligible for coverage.	
Driving Surface: Entrance and parking: <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____ Driveways to units: <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____ Open storage area: <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____	
Has this location flooded in the past ten (10) years? If 'Yes', provide details on a separate sheet of paper.	

MANAGEMENT

Y/N

How long have you owned this facility? _____	
How is the facility managed? <input type="checkbox"/> By you <input type="checkbox"/> By a resident manager or team <input type="checkbox"/> By an off-site manager or team	
Does the manager check the premises daily?	
Does the manager check tenant locks daily?	

FACILITY SECURITY AND ACCESS

Private Protection – Are any of the following used for security purposes? (describe any ‘Yes’ response) Security Guard(s)? (if ‘Yes’, state if guard armed?) _____ Guard Dog(s)? _____ Camera or Video Monitor(s)? _____	
Property Fencing (Note: Risk must be completely fenced to be eligible for coverage) Is the complex completely fenced? Describe the type and height of any fence: _____ Are all openings gated? Number of openings in the fencing: _____	
Gate Access (check any that apply and describe below) <input type="checkbox"/> Sliding gate <input type="checkbox"/> Card entry <input type="checkbox"/> Keyboard touch pad <input type="checkbox"/> Automated barrier arm <input type="checkbox"/> Driveway bell <input type="checkbox"/> Controlled manually Describe: _____	
Is the main gate visible from the office?	
Lighting (check the appropriate description) <input type="checkbox"/> Complex fully lighted <input type="checkbox"/> Complex partially lighted <input type="checkbox"/> No lighting in complex <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	

TENANT ACCESS

Is photo identification required at time of leasing?	
Is there a manual sign-in and sign-out system?	
Do you retain duplicate keys to all rented units?	

MISCELLANEOUS ACTIVITIES

Are tenants permitted to conduct non-storage operations?	
Do you sell any of the following (check all that apply): <input type="checkbox"/> Padlocks <input type="checkbox"/> Insecticides <input type="checkbox"/> Moving Supplies <input type="checkbox"/> Other _____	
Do you handle any of the following services (check all that apply): <input type="checkbox"/> Mail Box Rentals <input type="checkbox"/> Truck or Trailer Rentals <input type="checkbox"/> Vault Type Rentals <input type="checkbox"/> Car Wash <input type="checkbox"/> Vending Machines	
Do you have loaders or forklifts? If ‘Yes’, are tenants permitted to operate them?	
Number of incidents of theft, break-ins or vandalism reported to any law enforcement agency in the past 36 months: _____	

GENERAL

Do you hire independent contractors? If ‘Yes’, answer the following: Is the contractor required to name the insured as an additional insured on their policy for work performed at the insured’s premises? Are certificates of insurance obtained? Note: The contractor’s limits should not be less than the insured’s policy limits.	
Is this location eligible for coverage from Citizens Property Insurance Corporation?	
Do you carry Workers’ Compensation insurance?	
Describe any location or business interest owned or operated by an applicant but not listed on this application. _____	

COMPLETE WHEN SALE AND DISPOSAL LEGAL LIABILITY IS COVERED

(Attach copy of written delinquency procedures, letters, notice and sample advertisement)

What statutes and/or code sections are followed? _____	
If managed by other than the owner, what authority is granted to the facility manager? _____	
How many of these types of sales have you had in the last twelve (12) months? _____ Have there been any civil actions as a result of these sales? If ‘Yes’, describe on a separate sheet of paper.	

FRAUD STATEMENT

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.

DECLARATIONS

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that this is not a Binder and that no insurance is afforded unless and until this application is accepted by the company.

_____	_____
PERSONAL SIGNATURE OF APPLICANT	DATE

I hereby certify to the best of my knowledge and belief that the signature above is the personal signature of the applicant. I personally have inspected this facility. Yes No

_____	_____	_____
AGENT SIGNATURE	RESIDENT AGENT LICENSE #	DATE

AGENTS HAVE NO BINDING AUTHORITY