



## Self- Storage Insurance Application

Please email or fax the completed application, a copy of your lease, and currently valued loss runs (or a signed statement of no loss.) The loss runs or signed statement will be required to quote.

Fax #: 830-755-2484

Email: pmoreno@onthemovetrucks.com

Applicant Details			
Company Name		Phone	
DBA		Email	
Name of Applicant		Mailing Address	
Property/Casualty Expiration Date		Current Insurance Carrier	
Occupancy Rate		Projected Annual Revenue	\$
Limits of Liability Desired:    \$300,000    \$500,000    \$1,000,000    \$2,000,000			
Hired & Non Owned Auto Liability:    \$300,000    \$500,000    \$1,000,000			

Mortgagee/Loss Payee	
Location	Name
Loan Number	Address

Employee Dishonesty	
Including ERISA	# of Employees
Limit	Background checks conducted?    Yes    No

Location Details					
	Building 1	Building 2	Building 3	Building 4	Building 5
# of Units					
Building Replacement Cost	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$	\$	\$
Year Built					
Construction Type					
Climate Controlled?	Yes No	Yes No	Yes No	Yes No	Yes No
Stories					
# of open space					
Car Wash Stalls	Yes No	Yes No	Yes No	Yes No	Yes No
Fire Sprinkler System	Yes No	Yes No	Yes No	Yes No	Yes No
Central or Local Fire Alarm	Yes No	Yes No	Yes No	Yes No	Yes No
Central or Local Burglary Alarm	Yes No	Yes No	Yes No	Yes No	Yes No
Square Feet					
Location originally designed for Self Storage	Yes No	Yes No	Yes No	Yes No	Yes No
Forklifts/Elevators used?	Yes No	Are duplicate keys retained by the facility?		Yes No	
Rental office on site?	Yes No	Are locks sold at the rental office?		Yes No	
Wine storage?	Yes No	Does the owner or manager perform daily lock checks?		Yes No	
Are any tenants conducting any non storage operations? If yes, please explain.			Yes No		
Does the name insured have any business activities other than Self-Storage operations occurring on premises? If yes, please explain.			Yes No		

Building Updates		
Roofing:	Year completed:	Details:
Plumbing:	Year completed:	Details:
Electrical:	Year completed:	Details:
Heating:	Year completed:	Details:

Types of Additional Security provided at your Facility (check all that applies)		
<input type="checkbox"/> Video surveillance/monitoring	<input type="checkbox"/> Security guard on site	<input type="checkbox"/> Fully lighted
<input type="checkbox"/> Fully Fenced	<input type="checkbox"/> Controlled gate	<input type="checkbox"/> Keyed access pad or card entry
<input type="checkbox"/> Tenant protection offered	<input type="checkbox"/> Individual Door Alarms	<input type="checkbox"/> Resident manager
Describe any other additional security measures:		

Sale & Disposal Legal Liability
<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000   Ded. \$
List any small claims or Court actions for past 3 yrs by tenants regarding sale & disposal legal liability:
What state law is followed when reclaiming spaces?
What limits are places on the managers authority?
# of sales of each tenant's property occurring within the past year?
What was the total recovered from these sales?
Provide the following documents: Copy of all letters & notices mailed to tenants Copy of insured's written delinquency procedures Copy of all wording used for advertisements

### Agreement

I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION ON AN APPLICATION FOR INSURANCE IS FRAUD WHICH IS A CRIME IN MANY STATES.

Signatures	
Signature:	
Name & Title:	

<b>Date:</b>	
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