

Self Storage Insurance Application

On The Move Insurance Agency
 28825 IH-10 West
 Boerne, TX 78006
 Phone: 800-645-9949
 Fax: 830-755-2484

Producer: _____

Email: _____

Phone: _____

Answer questions to the best of your knowledge and belief. All material facts must be disclosed as failure to do so may nullify any policy or certificate issued. A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact, you should consult your broker. If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer.

 Printed Name of Applicant

 Signature of Applicant

Please email or fax completed and signed application and state or location specific leases to the producer listed above.

Company: _____

DBA: _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Location Specifics

Total number of Locations: _____

Corporation Name: _____																	
DBA: _____																	
Address: _____																	
P/C Expiration Date: _____																	
Construction Type: _____																	
# of Units		Limit for goods to be insured		Declared Value		Overall S.F.		# of Buildings		# of drive-up units		% of Occupancy		Distance Between Bldgs			
Intruder Alarm		Central Station		CCTV internal & External		Is CCTV Monitored by Central Station		Fire Alarm		Central Station		Twice-Daily Walk-Thrus		Security gates and fence			
Yes No		Yes No		Yes No		Yes No						Yes No		Yes No			
Fire Hose		Smoke Detectors		Fire Extinguisher		All goods kept in enclosed bldg		Customers use units for activities		Below Street Level		Portable Heating		Pincode access to unit		Sprinklers	Stickers on locks
		Yes No		Yes No		Yes No		Yes No						Yes No			
Live in Mgr		Guard		Number of break ins or fires last 5 years		Facility Losses (number)		Number of years for loss submitted		P&C Claims Experience Attached		History: Collapse		History: Flooding			
Yes No				Break-ins Fires						Yes No		Yes No		Yes No			