



Fields with an asterisk (*) are **required** for application submission. To ensure quote accuracy and timeliness, please complete **ALL** fields on the application. Additional comments, special requests, and other information may be added on **Page 4** of the application.

<p>*QUOTE SUBMITTED DATE:</p> <p>*QUOTE NEED BY DATE:</p>	<p><input type="checkbox"/> New Business</p> <p><input type="checkbox"/> Renewal Policy No.:</p>
<p>*Named Insured & Mailing Address:</p> <p>*Contact Name:</p> <p>*Insured Is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other: _____</p> <p>*Telephone: *E-Mail:</p>	<p>*Producer's E-Mail:</p> <p>*Agency Name & Address:</p> <p>*Producer's Name:</p> <p>*Telephone: *Fax:</p>
<p>Name & Physical Address of Storage Facility:</p> <p>County: Telephone:</p>	<p>Mortgagee Name & Address:</p> <p>Loan Number:</p>
<p>Member of a Storage Owners Association? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Association:</p> <p>Number of Years in Self-Storage Industry:</p> <p>Attend Industry Loss-Prevention Seminars? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>ADDITIONAL INSURED: List Below – Name & Interest:</p> <p>Their Interest:</p>
<p>*Desired Effective Date:</p>	

*Present Carrier:	Expiration Date:	Premium:
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SECTION I – BUSINESS PROPERTY

COVERAGE	LIMITS OF LIABILITY
<p>A Business Property – Buildings and Business Personal Property (Replacement Basis) (Includes fences, glass, signs, foundations, roadways, walks and gates) Deductible Option: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000</p>	<p>\$ _____</p>
<p>B Loss of Business Income & Extra Expense (included)</p>	
<p>C Employee Dishonesty – NAMED INSURED'S EMPLOYEES ONLY – Property Deductible Applies Each Occurrence: <input type="checkbox"/> \$15,000 included <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000</p>	

SECTION II – BUSINESS LIABILITY

<p>D Comprehensive General Liability (CGL) Each Occurrence/Aggregate: <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> \$2,000,000/\$4,000,000</p>
<p>E Hired Auto & Employer's Non-Owned Auto Liability (limit will be the same as CGL up to \$1,000,000)</p>
<p>F Premises Medical Payments Each Person: <input checked="" type="checkbox"/> \$10,000 included</p>
<p>G Customers Goods Legal Liability Each Occurrence: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000</p>
<p>G-1 Do You Offer Tenant/Customer Storage Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>G-2 If YES, What Company Provides The Tenant/Customer Storage Insurance?</p>
<p>H Sale & Disposal Liability – \$1,000 deductible applies – Complete Section H on Page 3 (pending approval of documents) Annual Aggregate: <input checked="" type="checkbox"/> \$10,000 included <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000</p>

OPTIONAL COVERAGE

Systems Protection Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Practices Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete SUPPLEMENTAL APPLICATION (available on our Web site).
Limited Pollutant Removal: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete SUPPLEMENTAL APPLICATION (available on our Web site).
Vacant Land to be Used For Future Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Acres & Location:



EMPLOYEE RESIDENT MANAGER'S PERSONAL LIABILITY: \$300,000 \$500,000 \$1,000,000

UMBRELLA QUOTE: (Please submit Acord application) \$1 MIL \$2 MIL \$3 MIL \$4 MIL \$5 MIL

INCLUDED COVERAGES

COMPUTER SOFTWARE (\$20,000 included)	MONEY & SECURITIES (\$10,000 included)
VALUABLE PAPERS & RECORDS (\$25,000 included)	EMPLOYEE'S PERSONAL PROPERTY (\$10,000 included)

Other coverages or limits of coverage may be available. Visit www.minicoinsurance.com for more information.

DESCRIPTION OF STORAGE FACILITY

Total Number of: Non-Storage Buildings on Premises _____ Self-Storage Buildings _____

	Bldg # _____	Bldg # _____	Bldg # _____	Bldg # _____	Bldg # _____	Bldg # _____
Replacement Value of Building						
Year Constructed						
Distance to Closest Building						
Square Footage of Building						
Number of Rental Units in Each Building						
Number of Stories						
Construction Material: • Exterior Walls • Joisting						
Roof Type: If metal, state gauge UL 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 (answers required for all questions)

Is rental office on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, provide complete physical address:	Connected to central station? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Burglar alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connected to central station? <input type="checkbox"/> Yes <input type="checkbox"/> No
Designed/built originally for self-storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Positive ID required when leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, a CONVERTED BUILDING	Does Manager reside on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENTAL APPLICATION is required	Does Manager check tenants' locks on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
(available on our Web site).	
Has property suffered flood or surface water accumulation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are premises patrolled by local police or security company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain how:	Hired armed security guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Fully lighted at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to fire hydrant:	Hours when gates are open: _____ to _____
Distance to & name of servicing Fire Dept:	
Is facility inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are gates locked at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subscription Fire Dept. dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complex fully fenced or enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operational fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gates visible from Manager's office? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gate access or control system? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type:
	TV monitors? <input type="checkbox"/> Yes <input type="checkbox"/> No



NON-STORAGE ACTIVITIES

Are any tenants conducting manufacturing, repair work, retail or any other non-storage operations? If YES, describe, including building in which they are located & the square footage they occupy:	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the named insured have any business activities other than self-storage operations occurring on the premises? – Describe:
Does insured now or has insured ever acted as a General Contractor? If YES, a CONTRACTORS SUPPLEMENTAL APPLICATION is required (available on our Web site).	<input type="checkbox"/> Yes <input type="checkbox"/> No Mail box rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No Vault-style rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No Truck/trailer rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No – Name of Company:
Does insured conduct container storage operations? Are there any cell towers on premises? Does insured offer wine storage? If YES, a WINE STORAGE SUPPLEMENTAL APPLICATION is required (available on our Web site).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Self-service car wash? – Number of stalls: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (describe): <input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL INFORMATION

Does Owner act as Manager? Employees/Management number of years experience in self-storage industry: _____ Forklifts or loaders used? Elevators or lifts used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Are the duplicate keys to the rented storage units retained by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual rental income at 100% occupancy: Number of open lot spaces (RVs, boats): (supplemental application may be required)
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COURSE OF CONSTRUCTION

Beginning date: Ending date:	Is Owner acting as the General Contractor? If YES, a CONTRACTORS SUPPLEMENTAL APPLICATION is required (available on our Web site).
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COVERAGE C – EMPLOYEE DISHONESTY

Frequency of audits? Other than Owner, who has check-signing authority? Total number of employees?	Who completes audits? Owner actively involved in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPLETE IF COVERAGE DESIRED – EMPLOYEE RESIDENT MANAGER’S PERSONAL LIABILITY

Your Employee Resident Manager’s name:
 List any personal liability losses for the past three years in the Loss History section.

Manager’s signature: _____ Date: _____

COVERAGE H – SALE & DISPOSAL LIABILITY

Does applicant have written procedures in place that conform to state laws where they are operating? How many sales of individual tenant’s property occurred in the last 12 months? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Any claims or court actions made in the past 3 years by tenants claiming damage for sale and disposal of their personal property? (If YES, please attach details.)
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If the limit requested is over \$100,000, complete the MiniCo SALE & DISPOSAL LIABILITY SUPPLEMENTAL APPLICATION and submit with attached requested documents (available on our Web site).

LOSS HISTORY

Have there been any losses in the last 3 years? Yes No
 If YES, please provide currently valued loss runs.
 If loss runs are not available, your 3-year loss history and any comments should be submitted on a separate sheet of paper.

ADDITIONAL REQUIREMENTS

Documents required with application:

- 1) Lease or Rental Agreement Being Used
- 2) Current Photographs of Facility
- 3) Site Diagram of Facility and Surrounding Area



GENERAL FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALITES.

Signature of Agent

Date

Personal Signature of Applicant

Date

Agent's Name (typed or printed)

Applicant's Name (typed or printed)

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

ADDITIONAL INFORMATION

Empty box for additional information.