



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:



NON-STORAGE ACTIVITIES	
Are any tenants conducting manufacturing, repair work, retail or any other non-storage operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe, including building in which they are located & the square footage they occupy:	Does the named insured have any business activities other than self-storage operations occurring on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No – Describe:
Does insured now or has insured ever acted as a General Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, a CONTRACTORS SUPPLEMENTAL APPLICATION is required (available on our Web site).	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any cell towers on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Does insured offer wine storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, a WINE STORAGE SUPPLEMENTAL APPLICATION is required (available on our Web site).	Self-service car wash? <input type="checkbox"/> Yes <input type="checkbox"/> No – Number of stalls: Other (describe): <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENTAL INFORMATION	
Does Owner act as Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees/Management number of years experience in self-storage industry: _____ Forklifts or loaders used? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators or lifts used? <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)
COURSE OF CONSTRUCTION	
Beginning date: Ending date:	Is Owner acting as the General Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, a CONTRACTORS SUPPLEMENTAL APPLICATION is required (available on our Web site).
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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No How many sales of individual tenant’s property occurred in the last 12 months? _____	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.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <ol style="list-style-type: none"> 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.