

## BOAT / RV / VEHICLE STORAGE SUPPLEMENTAL APPLICATION

<b>COMPLETE FOR EACH LOCATION THAT IS EITHER A BOAT/RV/VEHICLE STORAGE FACILITY OR HAS 30 OR MORE RENTAL SPACES DESIGNATED FOR BOAT, RV, OR VEHICLE STORAGE.</b>																																																	
Named Insured: Mailing Address:  Telephone:	Name of Storage Facility: Physical Address of Storage Facility:  County:																																																
<p><b>1</b> a) Total number of enclosed spaces (4 sides + roof): _____</p> <p style="margin-left: 40px;">Number standard storage: _____</p> <p style="margin-left: 40px;">Number boat/RV/vehicle: _____</p> <p>b) Number of <b>SHED</b> spaces (3 sides + roof): _____</p> <p>c) Number of <b>CANOPY</b> spaces (roof only): _____</p> <p>d) Number of open lot spaces: _____</p> <p><b>Please enclose a site diagram which indicates the areas designated for each of the above, aisle widths, and distances between buildings (diagram may be hand drawn).</b></p>																																																	
<p><b>2</b> Are bollards (crash posts) placed at corner of structures?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> No structures</p>																																																	
<p><b>3</b> Are open lot spaces on:    a) Concrete pad:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="margin-left: 40px;">b) Gravel:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Thickness: _____</p> <p style="margin-left: 40px;">c) Dirt:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="margin-left: 40px;">d) Other (specify): _____</p>																																																	
<p><b>4</b> Please estimate the value of the fences, walks, roadways and other paved surfaces, including the open lot boat/RV spaces:    \$ _____</p>																																																	
<p><b>5</b> Does your lease state that all storage tenants must have comprehensive and liability insurance on their boat or RV?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>																																																	
<p><b>6</b> When legally foreclosing on a space where a boat, RV or vehicle is stored, do you always obtain legal title prior to the sale of goods?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>																																																	
<p><b>7</b> Are any of the following services offered <b>AT YOUR FACILITY?</b> (check all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Service:</th> <th style="text-align: left;">Operated by:</th> <th style="text-align: center;">You</th> <th style="text-align: center;">Another Company</th> <th style="text-align: left;">Service:</th> <th style="text-align: left;">Operated by:</th> <th style="text-align: center;">You</th> <th style="text-align: center;">Another Company</th> </tr> </thead> <tbody> <tr> <td>a) Dump station</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>f) Boat launching</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) Cleaning service</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>g) Propane sales</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) Electrical outlets at space</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>h) Other (specify below):</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) Canvas / cloth repair</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4">_____</td> </tr> <tr> <td>e) Valet parking</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4">_____</td> </tr> </tbody> </table>		Service:	Operated by:	You	Another Company	Service:	Operated by:	You	Another Company	a) Dump station		<input type="checkbox"/>	<input type="checkbox"/>	f) Boat launching		<input type="checkbox"/>	<input type="checkbox"/>	b) Cleaning service		<input type="checkbox"/>	<input type="checkbox"/>	g) Propane sales		<input type="checkbox"/>	<input type="checkbox"/>	c) Electrical outlets at space		<input type="checkbox"/>	<input type="checkbox"/>	h) Other (specify below):		<input type="checkbox"/>	<input type="checkbox"/>	d) Canvas / cloth repair		<input type="checkbox"/>	<input type="checkbox"/>	_____				e) Valet parking		<input type="checkbox"/>	<input type="checkbox"/>	_____			
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<p><b>8</b> If services are offered at your facility by another company:</p> <p>a) Are they by referral from you?    <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>b) Are they by contract with you? (If YES, attach contract.)    <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>c) Do you obtain and maintain current certificates of insurance from these service companies?    <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p>																																																	
<p><b>9</b> If you offer cleaning, canvas/cloth repair, boat launching, or valet service, please describe how keys are accessed, kept, and controlled (attach additional pages if necessary):</p>																																																	

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**10** If you provide a **DUMP STATION**:

a) Where is the waste held? (Include age of tank.) \_\_\_\_\_

b) How is waste disposed of? (Include name of service company, if any, and attach copy of contract.) \_\_\_\_\_

c) Describe all controls and safety measures in place:  
\_\_\_\_\_

**11** If you provide a **VALET/PARKING SERVICE**:

a) Who performs this job? \_\_\_\_\_

b) Years employed? \_\_\_\_\_

c) Describe all controls and safety measures in place:  
\_\_\_\_\_

**12** If you provide a **BOAT LAUNCHING SERVICE**:

a) What is the average number of launches per year? \_\_\_\_\_

b) Is the vehicle used for the launches owned by the Named Insured?  Yes  No

c) If the answer to 12b is YES, what vehicle is used?  
Make / Model / Year: \_\_\_\_\_

Is this vehicle used for purposes other than boat launching?  Yes  No  
Name other purposes: \_\_\_\_\_

Is this vehicle used: Only on premises?  Yes  No  
On streets and roads?  Yes  No

**13** If you provide a **PROPANE SERVICE**:

a) What is the age of the tank? \_\_\_\_\_

b) Is the tank protected with bollards/crash posts to ensure no vehicle contact can be made with tank?  Yes  No

c) Are **NO SMOKING** signs posted around the tank?  Yes  No

d) Is the propane dispensed by: Employee attendant?  Yes  No  
Self-service?  Yes  No

e) Attach photos of tank and surrounding area.

Comments:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date