

# SELF-STORAGE INSURANCE APPLICATION

## PRODUCER/AGENT INFORMATION

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current Insurance Premium: \_\_\_\_\_ Target Premium: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant's Legal Name: \_\_\_\_\_  
(as it will appear on the policy)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business:  Corporation  Sole Proprietorship  Partnership  Other: \_\_\_\_\_

Do you have a website? Yes  No  If Yes, website address: \_\_\_\_\_

Mortgagee Name and Address: \_\_\_\_\_

\_\_\_\_\_

Additional Insured Name and Address: \_\_\_\_\_

\_\_\_\_\_

## COVERAGE LIMITS

Replacement cost of all buildings combined: \_\_\_\_\_

Business Personal Property: \_\_\_\_\_

Total Annual Rental Income at 100% occupancy: \_\_\_\_\_

Customers' Goods Legal Liability Limit - Per Occurrence:  \$50,000  \$100,000 Other: \_\_\_\_\_

Sale and Disposal Liability Limit - Per Customer:  \$50,000  \$100,000 Other: \_\_\_\_\_

Umbrella:  \$1 million  \$2 million  \$3 million  \$4 million  \$5 million

## PREMISES INFORMATION

Is the rental office on site? *If no, please provide rental office address:* Yes  No

Was this facility built originally for self storage? *If no, what was it originally constructed for?* Yes  No

Is this property currently under construction or renovation? Yes  No

Is facility climate controlled? Yes  No  *If Yes, what is the total percentage?* \_\_\_\_\_ %

Has this property suffered flood or surface water accumulation? Yes  No

Is any part of this property located in a floodplain? Yes  No

If coastal area, what is the distance from the beach? \_\_\_\_\_

Name of servicing fire department: \_\_\_\_\_

Is facility inside the city limits? Yes  No  Is it a paid fire department? Yes  No

Distance to servicing fire department in miles: \_\_\_\_\_ Distance to fire hydrant in feet: \_\_\_\_\_

Fire protection class: \_\_\_\_\_

Is there a fire sprinkler system in each building? Yes  No

*If Yes, is there a sprinkler maintenance contract in force?* Yes  No

Fire alarms? Yes  No  Connected to central station? Yes  No

Burglar alarms? Yes  No  Connected to central station? Yes  No

Positive ID required when lease is signed? Yes  No  Guard dogs? Yes  No

Does the manager reside on the premises? Yes  No  Fully lighted at night? Yes  No

Does the manager check tenant's locks daily? Yes  No  Facility fully fenced? Yes  No

### Facility gate/access security:

Gate locked manually Yes  No  Automated barrier arm Yes  No

Keyboard touch pad Yes  No  Access card entry Yes  No

Camera monitors Yes  No  Manual sign in/out system Yes  No

Number of entries and exits \_\_\_\_\_ Gates visible from manager's office Yes  No

## SUPPLEMENTAL OPERATIONS INFORMATION

Does the applicant have an owned auto insurance policy? Yes  No

Any document storage management services offered? Yes  No

*If Yes, please complete a Document Storage Supplemental Application.*

Any pick up and/or delivery of mobile storage containers? Yes  No

*If Yes, please complete a Mobile Storage Supplemental Application.*

Does the owner act as manager of this facility? Yes  No

Forklifts or loaders used? Yes  No  Elevators or lifts used? Yes  No

Are duplicate keys retained to storage units? Yes  No

How many years of self storage experience does the management of this facility have? \_\_\_\_\_

### Non-Storage Operations

Does the insured have any business activities other than self-storage operations occurring on the premises? *If Yes, please explain* Yes  No

Do any tenants on this premises conduct any type of non self-storage operations? Yes  No

*If Yes, please explain* \_\_\_\_\_

Are any of the following operations being conducted on this premises by anyone:

Car wash Yes  No  Wine/liquor store Yes  No

Propane sales/refilling Yes  No  Truck/trailer rentals Yes  No

Retail Yes  No  Other? *If Yes, please explain* Yes  No

## LOSS HISTORY

Please provide a listing of all claims that have occurred during the past 5 years.

*If none, please state "None". Currently valued company loss runs are preferred.*

<i>Date of Occurrence</i>	<i>Description of Claim</i>	<i>Amount Paid and/or reserved</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### Important:

Is there anything else we should know to properly underwrite this risk?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STORAGE FACILITY BUILDING INFORMATION

Total number of non self-storage buildings on site \_\_\_\_\_

Total number of self-storage buildings on site \_\_\_\_\_

Number of total storage units \_\_\_\_\_

Number of outside open lot rental spaces \_\_\_\_\_

Total square footage of all buildings combined \_\_\_\_\_

## SPECIFIC BUILDING INFORMATION

*This section requests information about each specific building on the premises. If some or all of the buildings have the same characteristics (type of construction, number of stories, etc.), the information for these can be included under building number 1. Please include the total square footage of the combined buildings. Buildings that have different characteristics should be shown separately.*

Building Number	1	2	3	4	5
Year constructed	_____	_____	_____	_____	_____
Square Feet	_____	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____	_____
<b>Construction Materials</b>					
Exterior Walls					
<i>Steel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Masonry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Wood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joisting					
<i>Steel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Masonry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Wood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof type					
<i>Tar and gravel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Composition shingle</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Metal</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL Wind uplift rating	_____	_____	_____	_____	_____

## INFORMATION REQUIRED WITH THIS APPLICATION

- A copy of the lease agreement used by this self-storage operation will be required.
- Photos of the facility may be required.

### FRAUD WARNING STATEMENTS

**Please read the fraud warning statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States.**

**GENERAL FRAUD WARNING STATEMENT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties.

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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.

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEBRASKA:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK AUTO:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK (OTHER THAN AUTO):** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PENNSYLVANIA (OTHER THAN AUTO):** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**PENNSYLVANIA (AUTO):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE WORKERS' COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**TENNESSEE (OTHER THAN WC):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**UTAH WORKERS' COMPENSATION:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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*Signature of Applicant*

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*Date*

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*Signature of Agent*

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*Date*

**Email to StorageFirst**