SELF-STORAGE SUPPLEMENTAL APPLICATION

(Please complete this form in addition to the ACORD 125 – Applicant Information Section for EACH LOCATION)
(When @SA is shown behind an option, please also complete the Application Supplement)

LOCATION DETAILS

Trade Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Occupancy rate _____%

Association Memberships
☐ National Association member
☐ State Association member

Franchise name _____

Number of locations _____

MORTGAGEE / LOSS PAYEE

Loc _____ Bldg(s) _____

Name: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Loan Number: _____
☐ Loss Payee ☐ Lender's Loss Payee
☐ Loss Payee under a Contract-of-Sale

ADDITIONAL INSURED

Loc _____ Bldg(s) _____

Name: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Interest: _____

	Loc . ____ Bldg ____	Loc . ____ Bldg ____	Loc . ____ Bldg ____	Loc . ____ Bldg ____
BUILDINGS / BUS. PERS. PROP.				
Amount of Insurance	$_____	$_____	$_____	$_____
Valuation	☐ Repl.Cost ☐ ACV	☐ Repl.Cost ☐ ACV	☐ Repl.Cost ☐ ACV	☐ Repl.Cost ☐ ACV
Deductible ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $_____				
Automatic Increase in Insurance ☐ 4% ☐ 6% ☐ 8% ☐ 10% ☐ _____%				

BUSINESS INCOME – Included

EMPLOYEE DISHONESTY ☐ Including ERISA **@SA**

Limits: ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $_____ Number of Employees _____

OPTIONAL PROPERTY COVERAGES

☐ Builders Risk Begin Date _____ End Date _____
Is General Contractor (GC) being used for new construction?..... ☐ Yes ☐ No
Does GC carry $1,000,000 min liability and name facility owner as Add'l Insd? .. ☐ Yes ☐ No
Is facility fully fenced during the time of construction?..... ☐ Yes ☐ No
☐ Lender Requirement for Increased Property Limits
☐ Sinkhole Loss Coverage (**FL** –only) ……☐ Yes ☐ No
☐ Equipment Breakdown Endorsement …… .☐ Yes ☐ No

Accounts Receivable	☐ $25,000	☐ $_____
Business Computers	☐ $25,000	☐ $_____
Debris Removal	☐ $50,000	☐ $_____
Ordinance or Law	☐ $25,000	☐ $_____
Outdoor Signs	☐ $10,000	☐ $_____
Deductible		$_____
Pollution Clean Up	☐ $25,000	☐ $_____
Trees, Shrubs & Plants	☐ $500	☐ $_____
Valuable Papers	☐ $20,000	☐ $_____

GENERAL LIABILITY (per occurrence)
☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000

GENERAL AGGREGATE is 2 X OCCURRENCE
OPTIONAL 3 X OCCURRENCE ☐

PREMISES MEDICAL PAYMENTS (per person) ☐ $5,000 ☐ $10,000

HIRED AND NON-OWNED AUTO LIABILITY – ☐ $300,000 ☐ $500,000 ☐ $1,000,000 (Not available in IL, LA or VT)

OPTIONAL LIABILITY COVERAGES

☐ Customer Goods Legal Liability ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $_____ Ded. $_____

☐ Sale and Disposal Liability **@SA** ☐ $10,000 ☐ $25,000 ☐ $30,000 ☐ $50,000 ☐ $_____ Ded. $_____

☐ Offsite Rental Office Number of offsite rental offices _____ Total Insured Values $_____

☐ Vacant Land
☐ For self storage operation Number of acres _____ ☐ Other than self storage operations Number of acres _____

☐ Owner operated car washes Number of stalls _____

☐ Hazardous Contents Removal Coverage (per occurrence / annual aggregate) ☐ $25,000/$100,000 ☐ $50,000/$200,000

☐ Resident Manager Liability

☐ Limitation of Coverage to Designated Premises or Project Description _____

☐ Employee Benefit Liability Number employees _____ Are all employee benefits programs in writing? ☐ Yes ☐ No
Who administers the program? _____ Any potential claims or past claims known? ☐ Yes ☐ No

If "yes", provide details in the claims section of the application.

COMPLETE FOR EACH STORAGE BUILDING	Loc . ____ Bldg ____	Loc . ____ Bldg ____	Loc . ____ Bldg ____	Loc . ____ Bldg ____
Number of storage units	_____	_____	_____	_____
Number of open lot spaces (RVs, boats, etc)	_____	_____	_____	_____
Total Number of :				
• Non-Storage Buildings on Premises	_____	_____	_____	_____
• Self-Storage Buildings	_____	_____	_____	_____
Year built	_____	_____	_____	_____
Please complete the Application Supplement for each building that have had their plumbing, heating, electrical and roof replaced within the past 15 years.				
Distance between buildings	_____	_____	_____	_____
Building dimensions				
• width	_____	_____	_____	_____
• length	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____
Construction materials :				
• Exterior walls	_____	_____	_____	_____
• Interior partitions	_____	_____	_____	_____
• Joisting	_____	_____	_____	_____
• Roofing	_____	_____	_____	_____
If metal, minimum steel gauge	gauge _____	gauge _____	gauge _____	gauge _____
Wind uplift classification	uplift class ____	uplift class ____	uplift class ____	uplift class ____
Amount of space between partition and ceiling	_____	_____	_____	_____
Climate controlled storage?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SELF-STORAGE OPERATIONS

Does owner act as manager? ☐ Yes ☐ No

Years experience in self storage industry _____ years

Other business experience: _____ years

Description _____

Is rental office on premises? ☐ Yes ☐ No

If no, complete physical address _____

_____

Was facility originally designed for self-storage? ☐ Yes ☐ No

If no, pre-inspection report must verify operational and tested sprinkler system before any consideration can be given to writing a converted structure.

Are any tenants conducting non-storage operations on the premises?

If yes, describe the operations including the building used and the square footage occupied:

_____

Does the Named Insured have any business activities other than self storage operations occurring on the premises?

Mail Box Rentals ..... ☐ Yes ☐ No
Vault style rentals ..... ☐ Yes ☐ No
Truck / Trailer rentals ..... ☐ Yes ☐ No
If yes, Name of Company _____
Self-service car wash ..... ☐ Yes ☐ No
Record storage / management..... ☐ Yes ☐ No
Wine Storage …… ☐ Yes ☐ No

Attach Wine Storage Supplement

Other – describe _____

Are forklifts or loaders used? ☐ Yes ☐ No

Are elevators or lifts used? ☐ Yes ☐ No

Are padlocks sold at rental office? ☐ Yes ☐ No

Are duplicate keys retained? ☐ Yes ☐ No

If yes, who retains the keys? _____

who has access to the keys? _____

where are the keys kept? _____

Positive ID required when leasing? ☐ Yes ☐ No

Does manager reside on premises? ☐ Yes ☐ No

Does manager check tenant's locks on a daily basis? ☐ Yes ☐ No

Are premises patrolled? ☐ Yes ☐ No

If yes, by whom _____

Hired armed security guard? ☐ Yes ☐ No

Security dogs used? ☐ Yes ☐ No

If yes, are dog warning signs posted? ☐ Yes ☐ No

Where are the dogs kept during business hours _____

Fully lighted at night? ☐ Yes ☐ No

Hours when gates are open from _____ to _____

Are gates locked at night? ☐ Yes ☐ No

Is the complex fully fenced or enclosed? ☐ Yes ☐ No

Gates visible from manager's office ☐ Yes ☐ No

Controlled gate access system? ☐ Yes ☐ No

Type: _____

Surveillance cameras and monitors? ☐ Yes ☐ No

Individual door alarms? ☐ Yes ☐ No

PREMISES PROTECTION

Fire Protection

ISO Protection Class _____
Inside city limits? ☐ Yes ☐ No
Distance to fire hydrant _____ ft.
Distance to responding fire department _____ miles
Name of responding fire department
_____
Located in a designated flood zone? ☐ Yes ☐ No
Located in a coastal area? ☐ No ☐ Yes
Distance from the beach _____ miles

Sprinkler system? ☐ Yes
If yes, % of area protected _____%
Alarm System? ☐ Yes
☐ Central station fire and burglary alarm
☐ Central station fire only
☐ Central station burglary only
☐ Local siren or gong

MOBILE STORAGE OPERATIONS

Please forward a copy of the mobile storage contract used.
Years experience in mobile storage industry _____ years
Estimated annual receipts from mobile storage operations $_____
Normal radius of operations _____ miles
Number of vehicle used to transport containers _____
Are vehicles modified or adapted for loading, unloading or transporting containers? ☐ No ☐ Yes, details
_____
_____

Does applicant offer interstate or intrastate moving services?
☐ No ☐ Yes, details _____

Container sizes rented / Replacement Cost
_____ X _____ $_____ _____ X _____ $_____
_____ X _____ $_____ _____ X _____ $_____
_____ X _____ $_____ _____ X _____ $_____

Are drivers screened before hiring? ☐ Yes ☐ No

Is there a formal safety program in place? ☐ Yes ☐ No

Container construction material: _____
Does applicant load customer's goods into containers? ☐ No ☐ Yes, details _____

Are containers stored
In the open? ☐ Yes ☐ No
In buildings? ☐ Yes ☐ No
Are containers stacked? ☐ No ☐ Yes, how high? _____
Are customers allowed access to their containers? ☐ No ☐ Yes, details _____

Description of procedure applicant uses to reclaim containers when the rent has not been paid, including the procedure for removal and disposal of customer's property
_____
_____

Is storage management software used? ☐ No ☐ Yes
Name of program _____

Does applicant offer tenant insurance for the goods in the storage containers? ☐ No ☐ Yes, Name of program
_____

COMMENTS/ADDITIONAL INFORMATION

_____ _____
Applicant's Signature **Date**