



SELF-STORAGE APPLICATION SUPPLEMENT

NAMED INSURED

Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

BUILDING UPDATES / RENOVATIONS.(updates completed within past 15 years)

	Details	Date Completed
Roof		
Plumbing system		
Heating system		
Electrical system		

EMPLOYEE DISHONESTY.(must be completed when employee dishonesty is requested)Are background checks performed on all prospective employees? Yes No

Other than the owners, who has checking signing authority? _____

Is the owner actively involved in the business?

 Yes No, are all sites visited on a regular basis with an inspection of the books performed? No Yes, by whom? _____

Frequency of cash/accounts audits (i.e. monthly, quarterly) ? _____

Are audits done by someone other than employees responsible for daily accounting?

 No Yes, by whom? _____**SALE AND DISPOSAL LEGAL LIABILITY.**(must be completed when requested limit exceeds \$50,000)

What state lien law is followed when reclaiming spaces? _____

What limitations are placed on the manager's authority? _____

Number of sales of individual tenant's property occurring within the past 12 months? _____

What was the total recovered from these sales? _____

List any small claims or Superior Court actions for the past 3 years by tenants claiming damage for sale or disposal of their personal property in the Loss History section of the ACORD 125 app.

Please forward the following documentation:

- Copy of insured's written delinquency procedures, from day 1 through sale date.
- Copy of all letters and notices mailed to tenants.
- Copy of the wording used for newspaper advertisement of the sale.