

**SELF STORAGE INSURANCE POLICY
POLICY APPLICATION**

- Mitsui Sumitomo Insurance Company of America
 - QBE Insurance Corporation
 - Hudson Insurance Company
- (Company selection to be determined by underwriter based upon location of insured facility.)

Applicant's Name and Mailing Address: DBA: PH# () FAX# ()	Producer's Name and Address: PH# () FAX# ()
Name, Address and County of Storage Facility: PH#()	Mortgagee's Name and Address: FAX#()
Insured is <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (LLP or REIT)	
<input type="checkbox"/> LOSS HISTORY - List losses for the last 3 years - Including dates, location and amount: 	
Present Carrier - _____ Expiration - _____ Premium - \$_____	
DOCUMENTS THAT MUST BE FORWARDED WITH APPLICATION A. Self Storage Lease or Rental Agreement Used B. Photographs of Storage Facility C. Loss Runs from Current Insurer D. Plot Plan	
CUSTOMER STORAGE INSURANCE PROGRAM <input type="checkbox"/> Check here if interested in our Customer Storage Insurance Program or the Customer Storage Protection Plan for your customers. <i>(Qualifying facilities that have insurance available for their customers or where liability assumed under agreement for loss or damage to customer's stored property is otherwise insured will receive a 15% rate discount on Customer Storage Legal Liability Coverage.)</i>	

SECTION I - PROPERTY COVERAGES

COVERAGE A: Buildings and Business Personal Property (Insurance limit will be set at 120% of rated limit if the property is insured for its current estimated replacement cost.)

DEDUCTIBLE \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

REQUESTED LIMITS: \$ _____

COVERAGE B: Loss of Income (Included Automatically at 30% of Coverage A)

REQUESTED LIMITS: \$ _____

COVERAGE C: Employee Dishonesty

DEDUCTIBLE - \$250 No Coverage \$5,000 \$10,000 \$25,000

SECTION II - BUSINESS LIABILITY COVERAGES

COVERAGE D: Business Liability

COVERAGE E: Personal Injury and Advertising Injury Liability

COVERAGE F: Hired Auto and Non-Owned Auto Liability

REQUESTED LIMITS:	Occurrence	Aggregate	Occurrence	Aggregate	
<input type="checkbox"/>	\$300,000	\$1,000,000	<input type="checkbox"/>	\$3,000,000	\$4,000,000
<input type="checkbox"/>	\$500,000	\$1,500,000	<input type="checkbox"/>	\$4,000,000	\$4,000,000
<input type="checkbox"/>	\$1,000,000	\$3,000,000	<input type="checkbox"/>	\$5,000,000	\$5,000,000
<input type="checkbox"/>	\$2,000,000	\$4,000,000			

COVERAGE G: Medical Payments (Selected Limits Apply Per Person)

REQUESTED LIMITS: \$1,000 (Included) \$5,000 \$10,000

COVERAGE H: Customers' Goods Legal Liability (This Coverage Is Optional)

REQUESTED LIMITS: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

(Apply 15% Credit for an approved Customer Insurance Program? Yes No)

COVERAGE I: Sale and Disposal Liability

DEDUCTIBLE \$1,000 \$2,500 \$5,000

REQUESTED LIMITS (\$10,000 subject to \$2,500 deductible is automatically provided with the policy.)

\$10,000 \$15,000 \$25,000 \$30,000 \$45,000 \$50,000 \$75,000
 \$100,000 \$150,000 \$200,000 \$250,000 \$300,000 \$500,000 \$1,000,000

OPTIONAL OR ADDITIONAL COVERAGES

Indicate an "X" in the box below for options desired and indicate the requested limits.

Money – Evidences of Debt (\$5,000 included, may be increased to \$10,000) \$ _____

Employee's Personal Property (\$5,000 included, may be increased as required.) \$ _____

Exterior Signs – (\$10,000 included, may be increased as required.) \$ _____

Additional Insured

Name: _____

Address: _____

Interest: Property Manager, Mortgagee, or Lessor of Leased Property

Receiver, Property Owner/Lessee

Contractor, Architect, Engineer, State or Political Subdivision

If other, please describe: _____

Building Ordinance, Increased Cost of Construction – (\$100,000 Included) \$ _____

Increased Limits – Computer Media, Valuable Papers and Records – (\$10,000 included) \$ _____

Increased Limits – Fences (\$25,000 Included) \$ _____

- Increased Limits – Business Property Off Premises or In Transit (\$10,000 Included) \$ _____
- Increased Limits – Newly Acquired Property – (\$1,000,000 for 90 days Included) \$ _____
- Increased Limits – Lawns, Outdoor Trees, and Shrubs – (\$10,000 Included) \$ _____
- Increased Limits – Fire Department Service Charge – (\$5,000 Included) \$ _____

BUSINESS INFORMATION

Year Business Began _____

Hours Gate Entrance Open From _____ To _____

Hours Office Open From _____ To _____

Current Occupancy Rate: _____ %

Manager's Name: _____

Office On Premises? Yes No

Manager's Duties Include Daily Lock Checks? Yes No

Positive Identification Required to Rent Space? Yes No

Facility Management Software System Provider: _____

Facility/Manager Has Keys To Storage Spaces? Yes No

Are Motorized Vehicles (licensed or unlicensed) Used on the Premises? Yes No

Forklifts or Elevators Used? Yes No

of Elevators _____ # of Forklifts _____

DESCRIPTION OF STORAGE FACILITY

Year Facility Originally Built _____

Originally Designed As A Self Storage Facility? Yes No

If No, Year Facility Was Converted? _____

Original purpose/occupancy? _____

Construction Cost \$ _____

Current Estimated Replacement Cost \$ _____

Number of Buildings _____ Number of Stories _____

Minimum Distance Between Buildings: _____ (ft.)

Highest Valued Building \$ _____

Building Areas (sq. ft.) Bldg 1 _____ Bldg 2 _____

Bldg 3 _____ Bldg 4 _____ Bldg 5 _____

Bldg 6 _____ Bldg 7 _____ Bldg 8 _____

Total Building Area (sq. ft.) _____

Exterior Wall Construction _____

Interior Partitions/Construction _____

Roof Type (Metal, Composition etc.) _____

If metal, Gauge _____

Age of Roofs _____

Date Roofs Last Inspected _____

Do interior walls extend to the ceiling? Yes No

Climate Controlled Facility? Yes No

of Buildings Climate Controlled _____

Is the Facility Located in a Designated Flood Zone? Yes No

If Facility Is Located In A Coastal Area, Distance From Beach _____ (miles)

SECURITY & PREMISES FIRE PROTECTION

Manager Resides on Premises? Yes No

Alarm System: None Local Central Station

System Monitors: Fire Burglary

Individual Unit Alarms? Yes No

Facility Fully Fenced or Enclosed? Yes No

Type and Height of Fence: _____

Facility Fully Lighted at Night? Yes No

Professional Guard Dogs (Not A Pet)? Yes No

Gate Access Control? Yes No

Dog Warning Signs Posted? Yes No

Sign In/Sign Out? Yes No

Video Surveillance/Monitoring? Yes No

Monitors Gate Monitors All Public Areas

Driveway Hose Bell? Yes No

Keyboard Touch Pad? Yes No

Card Entry? Yes No

Is Facility Accessible by Customers After Hours? Yes No

Tenants Provide Their Own Locks? Yes No

Automatic Sprinkler System? Yes No

If Yes, Is The Alarm Connected To The Fire Department or Security Company? Yes No

If The Sprinkler System Does Not Cover All Buildings, Which Buildings Are Sprinklered? _____

Is Facility Within City Limit? Yes No

I.S.O. Protection Classification: _____

Distance to Fire Station: _____ mi

Distance to Fire Hydrant: _____ ft

SUPPLEMENTAL RATING INFORMATION

Annual Rental Income _____
Is The Owner Or Any Commercial Tenants Conducting Retail,
Repair, Processing, Manufacturing, Or Other Non-storage
Operations? Yes No - If Yes, describe: _____

Number of Rental Spaces - Inside Buildings _____
Open Lot (R.V. & Boat Storage) ____ (sq. ft.) ____ (# of spaces)

Hired or Rental Vehicles Used? Yes No
Name of Truck/Trailer Rental Company _____
Annual Rental Vehicle Receipts _____
Self Service Car Wash Operation? Yes No
If Yes, # of Stalls _____
Number of Facilities Owned or Managed by Applicant _____
Are All Facilities Insured Through Deans & Homer _____

EMPLOYEE DISHONESTY - COVERAGE C

(Complete This Section Only When Requested Limit For Employee Dishonesty Exceeds \$5,000.)

Frequency of on-site audits _____
By whom made? _____
Other than owner, who has check signing authority?

Total number of employees _____
Owners actively involved in business? Yes No

SALE AND DISPOSAL LIABILITY - COVERAGE I

What limitations are placed on the manager's authority to conduct a sale? _____
What legal remedies are pursued when selling tenant's property? _____
What is the earliest date after initial rental delinquency that a tenant's property may be sold? _____ (No. of Days)
How many sales of individual tenant's property occurred during the last twelve (12) months? _____

**UNDER LOSS HISTORY, LIST CLAIMS OR COURT ACTIONS BY TENANTS DURING LAST 3 YEARS.
FORWARD COPIES OF THE FOLLOWING DOCUMENTS:**

- * The Insured's written procedural instructions used by the facility manager in conducting a sale of tenant's property.
- * Copies of Letters and Notices mailed to tenant as called for by the procedural instructions. Include copies of newspaper notices advertising sale.

COMMENT SECTION

Applicant's Signature: _____

Date: _____

Agent's Signature: _____

Date: _____

SELF-STORAGE APPLICATION SUPPLEMENT FRAUD WARNINGS

Fraud committed by a person in the process of applying for insurance is a crime, according to state laws. The legal consequences may differ from state to state. Some states require fraud warnings on insurance applications or claim forms and these warnings are printed below.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment for 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.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose 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.

D.C.: 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.

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 may be subject to fines and confinement in prison.

MICHIGAN: A person who submits an application or files a claim with intent to defraud or helps to commit a fraud against an insurer is guilty of a crime.

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: 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 violation.

OHIO: Any person who, with the 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.

PENNSYLVANIA: I (We) certify that all information contained herein is true and correct to the best of my (our) knowledge and belief. I (We) acknowledge that this statement is signed under the pains and penalties of perjury and any material false statement contained herein is punishable pursuant to 18 P.A.C.S. Sec. 4904(b). I (We) acknowledge that this application shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall be deemed grounds to void any policy issued. I (We) acknowledge that I (we) must notify the insurer in writing of any change in the information contained in this application within 60 days.

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.

TENNESSEE: 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.