# 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 Code |
| Occupancy rate (%) | Effective Date | Prior Carrier | Expiring Premium |

## Mortgagee / Loss Payee

| | | | |
|---|---|---|---|
| Loc | | Bldg(s) | |
| Name | | | |
| Mail Address | | | |
| City | | State | ZIP Code |
| 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 Code |
| Interest | | | |

**Buildings / Bus. Pers. Prop.**

| | | |
|---|---|---|
| Total Property Value | Contents | Deductible ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $_____ |
| Automatic Increase in Insurance ☐ 4% ☐ 6% ☐ 8% ☐ 10% | | Association Memberships ☐ National Association member ☐ State Association member |
| Franchise name | | Number of locations |

**Business Income – Included - 12 Months ALS – 180 Days Extended**

**Employee Dishonesty**

☐ Including ERISA @SA

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

**Optional Property Coverages**

| | | | | | |
|---|---|---|---|---|---|
| Accounts Receivable | ☐ $25,000 | ☐ $_____ | Ordinance or Law | ☐ $100,000 | ☐ $_____ |
| Business Computers | ☐ $25,000 | ☐ $_____ | Outdoor Signs | ☐ $10,000 | ☐ $_____ |
| Debris Removal | ☐ $50,000 | ☐ $_____ | Deductible…… | | $_____ |
| Equipment Breakdown Endorsement | ☐ Yes ☐ No | | Pollution Clean Up | ☐ $25,000 | ☐ $_____ |
| Valuable Papers | ☐ $20,000 | ☐ $_____ | Trees/Shrubs/Plants | ☐ $500 | ☐ $_____ |

## Liability Coverage

**General Liability (per occurrence)** ☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000

**Premises Medical Payments** ☐ $5,000 ☐ $10,000

**Hired And Non-Owned Auto Liability** ☐ $300,000 ☐ $500,000 ☐ $1,000,000 **(Not available in LA)**

Do managers/employees operate their personal autos in the insured's business? ☐ Regularly ☐ Seldom ☐ None

How does the insured verify the manager/employee' driving status? ☐ Requires valid DL ☐ Checks MVR

Does the insured verify the manager's/employee's personal auto insurance? ☐ Yes ☐ No

**Optional Liability Coverages**

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

☐ Sale and Disposal Liability ☐ $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

If Hazardous Contents is requested, please provide a copy of the Rental Agreement.

☐ 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 ____ |
|---|---|---|---|---|
| Replacement Cost | | | | |
| 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 | | | | |
| Square Feet | | | | |
| Number of stories | | | | |
| ISO Construction Class | Please Select | Please Select | Please Select | Please Select |
| Construction materials : | | | | |
| • Exterior walls | | | | |
| • Interior partitions | | | | |
| • Joisting | | | | |
| • Roofing | | | | |
| If metal, minimum steel gauge | | | | |
| Wind uplift classification | | | | |
| 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? ☐ Yes ☐ No

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 (feet) |
|---|---|---|
| | | |

| Distance to responding fire department (miles) | Name of responding fire department |
|---|---|
| | |

Located in a designated flood zone? ☐ Yes ☐ No

Located in a coastal area? ☐ Yes ☐ No

Distance from the beach _____ miles

Sprinkler system? ☐ Yes ☐ No

If yes, % of area protected _____ %

Alarm System? ☐ Yes ☐ No

- ☐ Central station fire and burglary alarm
- ☐ Central station fire only
- ☐ Central station burglary only
- ☐ Local siren or gong

## 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

If No, are all sites visited on a regular basis with an inspection of the books performed? ☐ Yes ☐ No

If Yes, by whom? _____

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

Are audits done by someone other than employees responsible for daily accounting? ☐ Yes ☐ No

If 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 application

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.

## Comments / Additional Information

_____

_____

_____

_____

_____

## Loss History

☐ Details Below ☐ Loss Runs Attached ☐ See ACORD 125 ☐ No Losses

| Date of Loss | Description | Amount | Open / Closed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's Signature

Date