

## 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	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> 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 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____
Automatic Increase in Insurance <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10%		Association Memberships <input type="checkbox"/> National Association member <input type="checkbox"/> State Association member
Franchise name	Number of locations	

  

<b>Business Income – Included - 12 Months ALS – 180 Days Extended</b>	
Employee Dishonesty	
<input type="checkbox"/> Including ERISA @SA Limits: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$_____            Number of Employees _____	

Optional Property Coverages					
Accounts Receivable	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$ _____	Ordinance or Law	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$ _____
Business Computers	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$ _____	Outdoor Signs	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$ _____
Debris Removal	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$ _____	Deductible.....		\$ _____
Equipment Breakdown Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pollution Clean Up	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$ _____
Valuable Papers	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$ _____	Trees/Shrubs/Plants	<input type="checkbox"/> \$500	<input type="checkbox"/> \$ _____

Liability Coverage					
<b>General Liability (per occurrence)</b>	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	
<b>Premises Medical Payments</b>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000			
<b>Hired And Non-Owned Auto Liability</b>	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<b>(Not available in LA)</b>	
Do managers/employees operate their personal autos in the insured's business?			<input type="checkbox"/> Regularly <input type="checkbox"/> Seldom <input type="checkbox"/> None		
How does the insured verify the manager/employee's driving status?			<input type="checkbox"/> Requires valid DL <input type="checkbox"/> Checks MVR		
Does the insured verify the manager's/employee's personal auto insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Optional Liability Coverages</b>					
<input type="checkbox"/> Customer Goods Legal Liability	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$ _____ Ded. \$ _____
<input type="checkbox"/> Sale and Disposal Liability	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$ _____ Ded. \$ _____
<input type="checkbox"/> Offsite Rental Office Number of offsite rental offices _____ Total Insured Values \$ _____					
<input type="checkbox"/> Vacant Land					
<input type="checkbox"/> For self storage operation Number of acres _____ <input type="checkbox"/> Other than self storage operations Number of acres _____					
<input type="checkbox"/> Owner operated car washes Number of stalls _____					
<input type="checkbox"/> Hazardous Contents Removal Coverage (per occurrence / annual aggregate) <input type="checkbox"/> \$25,000/\$100,000 <input type="checkbox"/> \$50,000/\$200,000					
If Hazardous Contents is requested, please provide a copy of the Rental Agreement.					
<input type="checkbox"/> Resident Manager Liability					
<input type="checkbox"/> Limitation of Coverage to Designated Premises or Project Description _____					
<input type="checkbox"/> Employee Benefit Liability Number employees _____ Are all employee benefits programs in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Who administers the program? _____ Any potential claims or past claims known? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Self-Storage Operations

Does owner act as manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years experience in self storage industry (years)	Other business experience (years)
Description		
Is rental office on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, complete physical address	
Was facility originally designed for self-storage? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the operations including the building used and the square footage occupied: <hr/>		
Does the Named Insured have any business activities other than self storage operations occurring on the premises?		
Mail Box Rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vault style rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Truck / Trailer rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Name of Company <hr/>		
Self-service car wash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Record storage / management	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wine Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attach Wine Storage Supplement		
Other – describe <hr/>		
Are forklifts or loaders used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are elevators or lifts used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are padlocks sold at rental office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are duplicate keys retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who retains the keys? <hr/>		

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		
<b>Fire Protection</b>		
ISO Protection Class	Inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to fire hydrant (feet)
Distance to responding fire department (miles)	Name of responding fire department	
<p>Located in a designated flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Located in a coastal area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Distance from the beach _____ miles</p> <p>Sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, % of area protected _____ %</p> <p>Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Central station fire and burglary alarm</p> <p><input type="checkbox"/> Central station fire only</p> <p><input type="checkbox"/> Central station burglary only</p> <p><input type="checkbox"/> Local siren or gong</p>		

**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**

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**Loss History**

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

Date of Loss	Description	Amount	Open / Closed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date