

PRODUCER/AGENT INFORMATION

Legal Name of Agency: _____

Mailing Address: _____

Contact Name: _____

Phone: _____ Email: _____

Current Insurance Company: _____ Effective Date: _____

Current Insurance Premium: _____ Target Premium: _____

APPLICANT INFORMATION

Applicant's Legal Name: _____
(as it will appear on the policy)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____

Type of Business: Corporation Sole Proprietorship Partnership Other: _____

Do you have a website? Yes No If Yes, website address: _____

Additional Interest: Mortgagee Loss Payee Additional Insured
Check all that apply
 Lender Landlord Management Company

Name and Address: _____

Additional Interest: Mortgagee Loss Payee Additional Insured
Check all that apply
 Lender Landlord Management Company

Name and Address: _____

COVERAGE LIMITS

Replacement cost of all buildings combined:

Business Personal Property Limit:

Total Annual Rental Income at 100% occupancy:

Customers' Goods Legal Liability Limit - Per Occurrence and Aggregate: \$50,000 \$100,000

Other: _____

Sale and Disposal Liability Limit - Per Customer and Aggregate: \$50,000 \$100,000

Other: _____

Umbrella Limit: \$1 million \$2 million \$3 million \$4 million \$5 million

Is the rental office on site? *If no, please provide rental office address:* Yes No

Was this facility built originally for self-storage? *If no, what was it originally constructed for?*

Yes No

Is this property currently under construction or renovation? Yes No

Is facility climate controlled? Yes No *If Yes, what is the total percentage? _____ %*

Is any part of this property located in a floodplain? Yes No

Name of servicing fire department: _____

Is facility inside the city limits? Yes No Is it a paid fire department? _____ Yes No

Distance to servicing fire department in miles: _____ Distance to fire hydrant in feet: _____

Fire protection class: _____

Is there a fire sprinkler system in each building? Yes No

If yes, is there a sprinkler maintenance contract in force? Yes No

Fire alarms? Yes No Connected to central station? Yes No

Burglar alarms? Yes No Connected to central station? Yes No

Does the manager reside on the premises? Yes No

Fully lighted at night? Yes No

Does the manager check tenant's locks daily? Yes No

Facility fully fenced? Yes No

Facility gate/access security:

Gate locked manually Yes No Automated barrier arm / gate Yes No

Keyboard touch pad Yes No Camera monitors Yes No

Does the applicant have a commercial auto insurance policy for owned vehicles? Yes No

Any pick up and/or delivery of mobile storage containers? Yes No

If yes, please complete a Mobile Storage Supplemental Application.

Does the owner act as manager of this facility? Yes No

Forklifts or loaders used? Yes No Elevators or lifts used? Yes No

Are duplicate keys retained to storage units? Yes No

How many years of self-storage experience does the management of this facility have?

Non-Storage Operations

Does the **applicant** have any business activities other than self-storage operations occurring on this premises? *If yes, please explain* Yes No

Do any **tenants** on this premises conduct any type of non self-storage operations? Yes No

If yes, please explain _____

Are any of the following operations being conducted on this premises by anyone:

Car wash Yes No Propane sales/refilling Yes No

Truck/trailer rentals Yes No Retail Yes No

Other? *If yes, please explain* Yes No _____

Please provide a listing of all claims that have occurred during the past 5 years.
If none, please state "None". Currently valued company loss runs will be required prior to binding.

<i>Date of Occurrence</i>	<i>Description of Claim</i>	<i>Amount Paid and/or reserved</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important:

Is there anything else we should know to fully evaluate this risk? (Not applicable in Florida)

STORAGE FACILITY BUILDING INFORMATION

Total number of **non-self-storage buildings** on site _____

Total number of **self-storage buildings** on site _____

Total number of storage **units** _____

Number of outside rental spaces _____

Total square footage of all buildings combined _____

SPECIFIC BUILDING INFORMATION

This section requests information about each specific building on the premises. If some or all of the buildings have the same characteristics (type of construction, number of stories, etc.), the information for these can be included under building number 1. Please include the total square footage of the combined buildings. Buildings that have different characteristics should be shown separately.

Building Number	1	2	3	4	5
Year constructed	_____	_____	_____	_____	_____
Square Feet	_____	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____	_____

Construction Materials

Exterior Walls

<i>Steel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Masonry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Wood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Joisting

<i>Steel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Masonry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Wood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roof type

<i>Tar and gravel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Composition shingle</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Metal</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION REQUIRED WITH THIS APPLICATION

- A copy of the lease agreement used by this self-storage operation will be required prior to binding coverage.

FRAUD WARNING STATEMENTS

Please read the fraud warning statement applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING STATEMENT: 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 and subjects that person to criminal and/or civil penalties.

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA: 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 fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, OHIO and PENNSYLVANIA: 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 subjects such person to criminal and civil penalties.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil 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 such violation.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

TENNESSEE, VIRGINIA and WASHINGTON: 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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that he/she has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her knowledge.

Signature of Applicant

Date

Signature of Agent/If Florida, include agent license number

Date

When completed, please email or fax this application along with a copy of the tenant lease agreement to us. We look forward to working with you.

STORGEFIRST

email storagefirst@ajg.com

tel 800.853.4663 | **fax** 866.891.4052 | **addr** 1300 S. Main St., Tulsa, OK 74119

