

Supplemental Application for SELF STORAGE OPERATIONS

APPLICANT NAME:

REQUESTED EFFECTIVE DATE:

GENERAL DESCRIPTION OF THIS INDUSTRY SEGMENT:

"SELF-STORAGE OR MINI-STORAGE" operation means that the Customer's Goods accepted for storage, transit or storage-in-transit have been packed by the owner of such property and while in your possession, remain in a locked room, vault, or otherwise secured container to which you have no access. You are only acting as a lessor of space, not as a warehouseman. Transportation of property defined as "Self-Storage or Mini-Storage" is incidental to the space rental operation. For this Industry Segment, Customer's Goods means personal effects, furniture, furnishings, household appliances, household electronics, equipment or supplies intended for use in a dwelling.

SPECIFIC OPERATIONS CONDUCTED BY APPLICANT (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Standard (Packed By Owner) Self Storage | <input type="checkbox"/> Containerized (vault boxes or "pods") Self Storage | <input type="checkbox"/> Packing and Crating for Customers |
| <input type="checkbox"/> Hauling of Customer-Packed Containers | <input type="checkbox"/> Storage Container Pickup & Delivery | <input type="checkbox"/> Insurance Sales for Stored Property |
| <input type="checkbox"/> Packing Material Sales | <input type="checkbox"/> Other (Describe): | |

SPECIAL COVERAGE OPTIONS FOR THIS OPERATION

Declared Value Coverage for Total Loss: \$10,000 \$25,000

Errors & Omissions in Storage Operations: \$2,500 \$10,000

Damage to Premises Rented to You: \$50,000 \$100,000

LICENSES, PERMITS, or PROFESSIONAL ASSOCIATIONS (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> State Self Storage Association | <input type="checkbox"/> National Self Storage Association (SSA) | <input type="checkbox"/> Other Association Memberships: |
| <input type="checkbox"/> PUC or DOT Permits (shown state & number) | <input type="checkbox"/> Other Permits (list) | |

SPECIFIC INFORMATION – STORAGE COVERAGE

Please complete the following only when storage or containers are inside a warehouse – not needed for separate storage building or individual outside containers.
(If there are more than 8 such locations, attach additional schedule.)

LOC. NO.	ARRANGEMENT OF INTERIOR STORAGE
	Interior Height: _____ Ft. Height of any Racks: _____ Ft. <input type="checkbox"/> Storage in Wooden Vaults: ___% 1-high ___% 2-high ___% 3-high ___% 4-high <input type="checkbox"/> Storage in individual rooms or enclosures ___% Solid Metal ___% Metal Fencing ___% Other (describe)
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Does the Applicant issue a Storage Contract to every Customer? Yes No

Does the Applicant ever have off-site storage? Yes No

Does Applicant accept overflow storage from moving companies? Yes No

What are the normal hours of operation?

Do employees of the Applicant live on the premises in a residential unit owned by Applicant? Yes No If yes, show the number of residential occupants:

Describe Customer access to self-storage units: Locked Yard Gate with keypad code Unsupervised access to interior storage Supervised access to interior storage

Other coverages carried by Applicant on separate policies: Customer Storage Insurance Sale & Disposal Liability Other – describe in remarks

SELF STORAGE OPERATION INFORMATION