

COMMERCIAL SELF-STORAGE – ADDITIONAL BUILDING INFORMATION

Named Insured:		
Policy #:	Effective Date of Change:	
Location Address:		
City:	State:	ZIP:
1 Number of buildings added:	2 Year constructed:	
3 Distance between buildings:	4 Number of stories: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
5 Number of new storage units:		
6 Square footage of each new building:		
7 100% replacement cost of building(s) including slabs: \$ _____		
Construction materials used:		
Exterior walls: _____	Interior partitions material: _____	
Joisting: _____	_____	
Roof type: _____	Do they go flush to ceiling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If metal, state roof gauge/UL thickness: _____	If NO, amount of gap: _____	
Any climate controlled units? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, advise square feet of climate controlled units: _____	How is this protected? _____	
Premises Protection		
Are buildings sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many square feet are sprinklered? _____		
Do they have central station alarms for: FIRE? <input type="checkbox"/> Yes <input type="checkbox"/> No BURGLARY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has construction started? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES:		
Construction start date: _____	Completion date: _____	
Do you need coverage during Course of Construction? **construction cannot have started** <input type="checkbox"/> Yes <input type="checkbox"/> No If YES:		
Construction start date: _____	Completion date: _____	
Is the insured acting as the General Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, we will need Contractor's Supplemental Application. **If the insured is acting as the General Contractor, coverage cannot be bound without Company approval.**		
Estimated annual rental income from additional building: \$ _____		
If there are open lot storage spaces, is this number being reduced by the new construction? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, by how many spaces? _____		
USAGE: Will any non-storage tenants occupy space in the new buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a list of tenants and a description of the operations and the square footage occupied by each non-storage tenant.		
Mortgagee:		
Completed by:		Date: