

COMMERCIAL SELF-STORAGE – ADDITIONAL INTEREST SUPPLEMENTAL WORKSHEET

Provide the requested information for each entity, not already shown, that has an Additional Interest in any LOCATION included within this application.

Location Name/Number:	Address:	
Type: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured	City:	
Name:	State:	ZIP:

Location Name/Number:	Address:	
Type: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured	City:	
Name:	State:	ZIP:

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