

COMMERCIAL SELF-STORAGE – ADDITIONAL LOCATION INFORMATION

Named Insured:	
Policy #:	Effective Date of Change:
Location Address:	
City:	State: ZIP:
Number of buildings:	Year constructed:
Distance between buildings:	Date of updates: <input type="checkbox"/> Electric <input type="checkbox"/> Heating/AC
Number of storage units:	<input type="checkbox"/> Plumbing <input type="checkbox"/> Roof
Square footage:	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
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 YES, how many? _____
Any climate controlled units? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, advise square feet of climate controlled units: _____	Is this a converted building? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, please complete the Older Building/Converted Building Supplemental Application.
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	
Usage	
Does the insured have any non-storage operations at the new location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, describe: _____	
Will any non-storage tenants occupy space at the new location? <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.	
Is there a cell tower on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, is it fenced off from the remainder of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any solar panels? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete the Solar Panel Supplemental Application.	
Estimated annual rental income from additional location: \$ _____	
Are there open lot storage spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many spaces? _____	
Inspection Contact:	
Mortgagee:	
Signature:	Date: