

COMMERCIAL SELF-STORAGE – BOAT/ RV/ VEHICLE STORAGE

COMPLETE FOR EACH LOCATION THAT IS EITHER A BOAT/RV/VEHICLE STORAGE FACILITY OR HAS 30 OR MORE RENTAL SPACES DESIGNATED FOR BOAT, RV, OR VEHICLE STORAGE.																																																	
Named Insured: Mailing Address: Telephone:	Name of Storage Facility: Physical Address of Storage Facility: County:																																																
1 a) Total number of enclosed spaces (4 sides + roof): _____ Number of enclosed standard household/business storage spaces: _____ Number of enclosed units designated for boat/RV/vehicle: _____ b) Number of open SHED spaces (3 sides + roof): _____ c) Number of CANOPY spaces (roof only): _____ d) Number of uncovered open lot spaces: _____ Please enclose a site diagram which indicates the areas designated for each of the above, aisle widths, and distances between buildings (diagram may be hand drawn).																																																	
2 Are bollards (crash posts) placed at corner of structures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No structures																																																	
3 Are open lot spaces on: a) Concrete pad: <input type="checkbox"/> Yes <input type="checkbox"/> No b) Gravel: <input type="checkbox"/> Yes <input type="checkbox"/> No Thickness: _____ c) Dirt: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Other (specify): _____																																																	
4 Please estimate the value of the fences, walks, roadways and other paved surfaces, including the open lot boat/RV spaces: _____ \$ _____																																																	
5 Does your lease state that all storage tenants must have comprehensive and liability insurance on their boat or RV? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
6 When legally foreclosing on a space where a boat, RV or vehicle is stored, do you always obtain legal title prior to the sale of goods? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
7 Are any of the following services offered AT YOUR FACILITY? (check all that apply) <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Service:</th> <th style="text-align: left;">Operated by:</th> <th style="text-align: center;">You</th> <th style="text-align: center;">Another Company</th> <th style="text-align: left;">Service:</th> <th style="text-align: left;">Operated by:</th> <th style="text-align: center;">You</th> <th style="text-align: center;">Another Company</th> </tr> </thead> <tbody> <tr> <td>a) Dump station</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>f) Boat launching</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) Cleaning service</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>g) Propane sales</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) Electrical outlets at space</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>h) Other (specify below):</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) Canvas / cloth repair</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) Valet parking</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Service:	Operated by:	You	Another Company	Service:	Operated by:	You	Another Company	a) Dump station		<input type="checkbox"/>	<input type="checkbox"/>	f) Boat launching		<input type="checkbox"/>	<input type="checkbox"/>	b) Cleaning service		<input type="checkbox"/>	<input type="checkbox"/>	g) Propane sales		<input type="checkbox"/>	<input type="checkbox"/>	c) Electrical outlets at space		<input type="checkbox"/>	<input type="checkbox"/>	h) Other (specify below):		<input type="checkbox"/>	<input type="checkbox"/>	d) Canvas / cloth repair		<input type="checkbox"/>	<input type="checkbox"/>	_____				e) Valet parking		<input type="checkbox"/>	<input type="checkbox"/>	_____			
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8 If services are offered at your facility by another company: <table style="width: 100%; margin-top: 5px;"> <tbody> <tr> <td style="width: 80%;">a) Are they by referral from you?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>b) Are they by contract with you? (If YES, attach contract.)</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>c) Do you obtain and maintain current certificates of insurance from these service companies?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>		a) Are they by referral from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Are they by contract with you? (If YES, attach contract.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	c) Do you obtain and maintain current certificates of insurance from these service companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
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9 If you offer cleaning, canvas/cloth repair, boat launching, or valet service, please describe how keys are accessed, kept, and controlled (attach additional pages if necessary):																																																	

10 If you provide a **DUMP STATION**:

a) Where is the waste held? (Include age of tank.) _____

b) How is waste disposed of? (Include name of service company, if any, and attach copy of contract.)

c) Describe all controls and safety measures in place:

11 If you provide a **VALET/PARKING SERVICE**:

a) Who performs this job? _____

b) Years employed? _____

c) Describe all controls and safety measures in place:

12 If you provide a **BOAT LAUNCHING SERVICE**:

a) What is the average number of launches per year? _____

b) Is the vehicle used for the launches owned by the Named Insured? Yes No

c) If the answer to 12b is YES, what vehicle is used?
Make / Model / Year: _____

Is this vehicle used for purposes other than boat launching? Yes No
Name other purposes: _____

Is this vehicle used: Only on premises? Yes No
On streets and roads? Yes No

13 If you provide a **PROPANE SERVICE**:

a) What is the age of the tank? _____

b) Is the tank protected with bollards/crash posts to ensure no vehicle contact can be made with tank? Yes No

c) Are **NO SMOKING** signs posted around the tank? Yes No

d) Is the propane dispensed by: Employee attendant? Yes No
Self-service? Yes No

e) Attach photos of tank and surrounding area.

Comments:

Applicant's Signature Date