

**MINICO SELF-STORAGE SPECIALTY INSURANCE
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: