





MINICO SELF-STORAGE SPECIALTY INSURANCE
BOAT / RV / VEHICLE STORAGE SUPPLEMENTAL APPLICATION

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?
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?
Name other purposes:
Is this vehicle used: Only on premises? On streets and roads?

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?
c) Are NO SMOKING signs posted around the tank?
d) Is the propane dispensed by: Employee attendant? Self-service?
e) Attach photos of tank and surrounding area.

Comments:

Applicant's Signature Date