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

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:	Name of Storage Facility:
Mailing Address:	Physical Address of Storage Facility:
Telephone:	County:

1 a) Total number of enclosed spaces (4 sides + roof): _____

Number standard storage: _____

Number boat/RV/vehicle: _____

b) Number of **SHED** spaces (3 sides + roof): _____

c) Number of **CANOPY** spaces (roof only): _____

d) Number of 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? ☐ Yes ☐ No ☐ No structures

3 Are open lot spaces on: a) Concrete pad: ☐ Yes ☐ No

b) Gravel: ☐ Yes ☐ No Thickness: _____

c) Dirt: ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

7 Are any of the following services offered **AT YOUR FACILITY**? (check all that apply)

Service:	Operated by: You	Another Company	Service:	Operated by: You	Another Company
a) Dump station	☐	☐	f) Boat launching	☐	☐
b) Cleaning service	☐	☐	g) Propane sales	☐	☐
c) Electrical outlets at space	☐	☐	h) Other (specify below):	☐	☐
d) Canvas / cloth repair	☐	☐	_____		
e) Valet parking	☐	☐	_____		

8 If services are offered at your facility by another company:

a) Are they by referral from you? ☐ Yes ☐ No

b) Are they by contract with you? (If YES, attach contract.) ☐ Yes ☐ No

c) Do you obtain and maintain current certificates of insurance from these service companies? ☐ Yes ☐ No

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):

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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