



ICAT/MINICO SELF-STORAGE SUPPLEMENTAL APPLICATION



Location Name:		Building Number:	
Street Address:			
City:	State:	ZIP:	County:
1 Statement of Values (If multiple buildings, also complete a SUPPLEMENTAL BUILDING SCHEDULE) Replacement value of building: _____ Business personal property: _____ Loss of business income & extra expense: _____			
2 Construction Description <input type="checkbox"/> Wood Frame <input type="checkbox"/> Light Metal Frame (*complete section 11 below) <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Modified Fire Resistive			
3 Nature of Business Primary occupancy: _____ Secondary occupancy: _____ % square footage: _____			
4 Additional Building Detail Number of stories: _____ ISO Protection Class: _____ Total square footage: _____ Roof age: _____ Original year of construction: _____ (*complete section 11 below) Does this building have aluminum wiring (pigtailed or not)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5 Roof Shape <input type="checkbox"/> Flat <input type="checkbox"/> Hip <input type="checkbox"/> Gable			
6 Roof Cladding <input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Built-up <input type="checkbox"/> Steel/Metal <input type="checkbox"/> Tile/Clay <input type="checkbox"/> Wood			
7 Exterior Cladding <input type="checkbox"/> Combustible Wood <input type="checkbox"/> EIFS <input type="checkbox"/> Other If Combustible Wood, is building within 30 feet of any other building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8 Security <input type="checkbox"/> Poor (no alarms present) <input type="checkbox"/> Standard (local alarms – at a minimum, alarms must be present in areas with valuable contents) <input type="checkbox"/> Superior (alarms connected to central station or on-site security, in addition to local alarms)			
9 Fire Protection <input type="checkbox"/> Poor (no protection exists other than what public entities provide) <input type="checkbox"/> Standard (battery-operated smoke alarms exist in each building or unit) <input type="checkbox"/> Good (hard-wired smoke detectors exist in each building or unit) <input type="checkbox"/> Superior (all of the above exists, including sprinkler protection)			
10 Wind Resistive <input type="checkbox"/> Yes <input type="checkbox"/> No Check YES only if the building meets ALL of the following conditions: <ul style="list-style-type: none"> • Roof is 10 years old or newer • Building does not have any exterior roll-up doors • Building has impact-resistant storm shutters or windows that withstand winds up to 120 mph 			
11 If Light Metal Frame Construction and Built Prior to 2000, provide the following information: How is roof fastened to the walls? _____ What is the UL gauge of the metal exterior walls? _____ Roof? _____ Has the roof been updated? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how and when? _____ Please provide photos (digital is OK) highlighting the above-referenced construction details.			

