



Fields with an asterisk (\*) are **required** for application submission. To ensure quote accuracy and timeliness, please complete **ALL** fields on the application. Additional comments, special requests, and other information may be added on **Page 2** of the application.

The symbol “†” following a coverage or answer choice indicates that a **supplemental application is required**. Visit **www.minico.com** to download supplemental applications.

<b>*QUOTE SUBMITTED DATE:</b>	<b>*QUOTE NEED BY DATE:</b>
*Named Insured & Physical Address of Storage Facility:	*Agency Name & Address:

Member of a Storage Owners Association?  Yes  No Name of Association: \_\_\_\_\_  
 Number of Years in Self-Storage Industry: \_\_\_\_\_  
 Attend Industry Loss-Prevention Seminars (Safety Program)?  Yes  No

**SECTION I – BUSINESS PROPERTY**

Employee Dishonesty – NAMED INSURED’S EMPLOYEES ONLY – Property Deductible Applies  
 Each Occurrence:  \$15,000 included  \$25,000  \$50,000  \$75,000  \$100,000

**SECTION II – BUSINESS LIABILITY**

Customers Goods Legal Liability Each Occurrence:  \$25,000  \$50,000  \$100,000  \$250,000  \$500,000  \$1,000,000  
 Do You Offer Tenant/Customer Storage Insurance?  No  Yes, Provider Name: \_\_\_\_\_  
 Sale & Disposal Liability – \$1,000 deductible applies – Complete Coverage H section on Page 2 (pending approval of documents):  
 Annual Aggregate:  \$10,000 included  \$25,000  \$50,000  \$100,000  \$250,000†  \$500,000†  \$1,000,000†

**OPTIONAL COVERAGE**

Systems Protection Coverage:  Yes  No Employment Practices Liability:  Yes†  No  
 Limited Pollutant Removal:  Yes†  No Data Compromise Coverage:  Yes  No  
 Employee Resident Manager’s Personal Liability:  \$300,000  \$500,000  \$1,000,000

**Other coverages or limits of coverage may be available. Visit [www.minicoinsurance.com](http://www.minicoinsurance.com) for more information.**

**DESCRIPTION OF STORAGE FACILITY**

Total Number of:  
 Non-Storage Buildings on Premises \_\_\_\_\_ Climate-Controlled Storage:  No  Yes, % \_\_\_\_\_  
 Self-Storage Buildings \_\_\_\_\_ Number of open lot spaces (RVs, boats): \_\_\_\_\_  
 Rental Units \_\_\_\_\_ (supplemental application may be required)

**PREMISES PROTECTION (answers required for all questions)**

Is rental office on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide complete physical address: _____  Designed/built originally for self-storage? <input type="checkbox"/> Yes <input type="checkbox"/> No† Has property suffered flood or surface water accumulation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain how: _____  Subscription Fire Dept. dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Positive ID required when leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Manager reside on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Manager check tenants’ locks on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Are premises patrolled by local police or security company? <input type="checkbox"/> Yes <input type="checkbox"/> No Hired armed security guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Fully lighted at night? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours when gates are open: _____ to _____ Are gates locked at night? <input type="checkbox"/> Yes <input type="checkbox"/> No Complex fully fenced or enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Gates visible from Manager’s office? <input type="checkbox"/> Yes <input type="checkbox"/> No Gate access or control system? _____ Type: _____ TV monitors? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SUPPLEMENTAL INFORMATION**

Does Owner act as Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Employees/Management number of years experience in self-storage industry: _____ Forklifts or loaders used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevators or lifts used? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the duplicate keys to the rented storage units retained by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual rental income at 100% occupancy: _____
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**NON-STORAGE ACTIVITIES**

Are any tenants conducting manufacturing, repair work, retail or any other non-storage operations? If YES, describe (include building where located and square footage occupied):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does insured offer wine storage?	<input type="checkbox"/> Yes† <input type="checkbox"/> No
		Does the named insured have any business activities other than self-storage operations occurring on the premises? If YES, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured now or has insured ever acted as a General Contractor?	<input type="checkbox"/> Yes† <input type="checkbox"/> No	Mail box rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured conduct container storage operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vault-style rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any cell towers on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Truck/trailer rentals? Name of Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Self-service car wash? Number of stalls:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COURSE OF CONSTRUCTION**

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_ Is Owner acting as the General Contractor?  Yes†  No

**COVERAGE C – EMPLOYEE DISHONESTY**

Frequency of audits? Who completes audits?	Other than Owner, who has check-signing authority?	Total number of employees?
	Owner actively involved in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COVERAGE H – SALE & DISPOSAL LIABILITY**

Does applicant have written procedures in place that conform to state laws where they are operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any claims or court actions made in the past 3 years by tenants claiming damage for sale and disposal of their personal property? (If YES, please attach details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many sales of individual tenant's property occurred in the last 12 months? _____			

**ADDITIONAL REQUIREMENTS**

- Documents required with application:**
- 1) Lease or rental agreement being used
  - 2) Current color photographs of facility showing each building, office, front gate and open lots (if applicable)
  - 3) Site diagram of facility showing distance between buildings and units per building

_____ Signature of Agent	_____ Date	_____ Personal Signature of Applicant	_____ Date
_____ Agent's Name (typed or printed)		_____ Applicant's Name (typed or printed)	

**NOTICE TO APPLICANT:** I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING.

IN MARYLAND, ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**ADDITIONAL INFORMATION**

**NOTE: Attach additional sheets as necessary.**