



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.

*QUOTE SUBMITTED DATE:	*QUOTE NEED BY DATE:
*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 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	Does Manager reside on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, provide complete physical address: _____	Does Manager check tenants’ locks on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Designed/built originally for self-storage? <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
Has property suffered flood or surface water accumulation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hired armed security guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain how: _____	Fully lighted at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subscription Fire Dept. dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours when gates are open: _____ to _____
Is there a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are gates locked at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Positive ID required when leasing? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type: _____
	TV monitors? <input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL INFORMATION

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



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.