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.

<table>
<thead>
<tr>
<th>Named Insured:</th>
<th>Name of Storage Facility:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td>Physical Address of Storage Facility:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>County:</td>
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</tbody>
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1. a) Total number of enclosed spaces (4 sides + roof):
   Number of enclosed standard household/business storage spaces:
   Number of enclosed units designated for boat/RV/vehicle:

   b) Number of open SHED spaces (3 sides + roof):
   c) Number of CANOPY spaces (roof only):
   d) Number of uncovered 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)

<table>
<thead>
<tr>
<th>Service:</th>
<th>Operated by:</th>
<th>You</th>
<th>Another Company</th>
<th>Service:</th>
<th>Operated by:</th>
<th>You</th>
<th>Another Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Dump station</td>
<td>□</td>
<td></td>
<td></td>
<td>f) Boat launching</td>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td>b) Cleaning service</td>
<td>□</td>
<td></td>
<td></td>
<td>g) Propane sales</td>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td>c) Electrical outlets at space</td>
<td>□</td>
<td></td>
<td></td>
<td>h) Other (specify below):</td>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td>d) Canvas / cloth repair</td>
<td>□</td>
<td></td>
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<td>e) Valet parking</td>
<td>□</td>
<td></td>
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</table>

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):
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 ________________________