



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.			



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12 Additional Property Coverage (OPTIONAL – fill out once per location)

Type of APC	Value at Location	Type of APC	Value at Location
Awnings, Canopies, Carports		Other Structures – Enclosed	
Walks, Decks, Bridges		Other Structures – Open	
Paved Surfaces		Pool	
Signs, Poles		Satellite Dishes	
Machinery, Equipment			

13 Inspection Contact Details (fill out once per location)

Inspection contact name: _____

Inspection contact phone number: _____

14 Coverage Options Desired

Mold Cleanup and Removal: \$10,000 sub-limit per building None

Ordinance or Law: 10% 20% None

Named Storm Deductible: _____ %

All Other Wind & Hail Deductible: _____ %

All Other Causes of Loss Deductible (only available on All Risks quotes):

\$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$20,000 \$25,000 \$50,000

15 Prior Claims – Account 5-Year Gross Loss History (not required in GA, NJ & VA)

If loss runs are not available, please complete the following:

Type of Loss	Date of Loss	Gross Loss Amount	Repairs Complete (Y/N)

Applicant's Signature

Date

Agent's Signature

Date