

**MINICO SELF-STORAGE SPECIALTY INSURANCE  
LIMITED POLLUTANTS REMOVAL APPLICATION**

**Complete for each location**



Named Insured:	
Policy Number:	Effective:
Facility Name:	
Facility Address:	
Insurance Agency:	
Select Quote Limit: <input type="checkbox"/> \$25,000 maximum per occurrence at each location subject to \$100,000 annual policy aggregate <input type="checkbox"/> \$50,000 maximum per occurrence at each location subject to \$200,000 annual policy aggregate	
<b>For facilities with more than 1,000 storage units:</b>	
<input type="checkbox"/> \$100,000 maximum per occurrence at each location subject to \$200,000 annual policy aggregate <input type="checkbox"/> \$5,000 deductible <input type="checkbox"/> \$10,000 deductible	
<input type="checkbox"/> \$200,000 maximum per occurrence at each location subject to \$400,000 annual policy aggregate <input type="checkbox"/> \$10,000 deductible <input type="checkbox"/> \$25,000 deductible	
<b>1</b> Does the lease contain language specifically prohibiting storage of hazardous/toxic waste and other pollutants? <input type="checkbox"/> Yes <input type="checkbox"/> No **Please enclose a copy of the lease.	
<b>2</b> What procedures are in place for identification of renters (such as requiring driver's license and Social Security numbers) when signing up a new tenant?	
<b>3</b> Insured facility agrees to display signs specifically prohibiting storage of hazardous/toxic waste and other pollutants. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Coverage is not bound until approved by MiniCo Underwriting. OWNERS MUST REPORT ALL CLAIMS TO THEIR INSURANCE AGENT IMMEDIATELY.</b>	
Applicant's Signature _____	Date _____