

**MINICO SELF-STORAGE SPECIALTY INSURANCE  
 OLDER BUILDING OR CONVERTED BUILDING  
 SUPPLEMENTAL APPLICATION**



Named Insured:		Policy Number:	
Facility Address:			
City:		State:	ZIP:
<b>1</b> Building Value:		<b>2</b> Loss of Rents:	
<b>3</b> Year Built:		<b>4</b> Year Converted:	
<b>5</b> Was the ELECTRICAL completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated    What year: _____ If updated, has a licensed electrical contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:			
<b>6</b> Was the PLUMBING completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated    What year: _____ If updated, has a licensed plumbing contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:			
<b>7</b> Was the HEATING completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated    What year: _____ If updated, has a licensed HVAC contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:			
<b>8</b> Was the ROOF completely: <input type="checkbox"/> Replaced <input type="checkbox"/> Updated    What year: _____ If updated, has a licensed roofing contractor verified the system's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:			
<b>9</b> Any concealed space? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, square footage of concealed space: _____			
<b>10</b> Original intended occupancy (be specific): _____ If warehouse, what type of warehouse:			
<b>11</b> Number of stories: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Other: _____			
<b>12</b> Construction:			
<b>13</b> Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, is there a sprinkler maintenance agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>14</b> Square footage:			
<b>15</b> Occupancies other than self-storage: <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
Insured:			