# COMMERCIAL SELF-STORAGE – OLDER BUILDING OR CONVERTED BUILDING APPLICATION

<table>
<thead>
<tr>
<th>Named Insured:</th>
<th>Policy Number:</th>
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<th>Facility Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
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<tr>
<th>Building Value:</th>
<th>Loss of Rents:</th>
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<tr>
<th>Year Built:</th>
<th>Year Converted:</th>
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5. **Was the ELECTRICAL completely:**
   - ☐ Replaced
   - ☐ Updated
   - What year: ________________________

   If updated, has a licensed electrical contractor verified the system’s integrity?
   - ☐ Yes
   - ☐ No

   Comments:

6. **Was the PLUMBING completely:**
   - ☐ Replaced
   - ☐ Updated
   - What year: ________________________

   If updated, has a licensed plumbing contractor verified the system’s integrity?
   - ☐ Yes
   - ☐ No

   Comments:

7. **Was the HEATING completely:**
   - ☐ Replaced
   - ☐ Updated
   - What year: ________________________

   If updated, has a licensed HVAC contractor verified the system’s integrity?
   - ☐ Yes
   - ☐ No

   Comments:

8. **Was the ROOF completely:**
   - ☐ Replaced
   - ☐ Updated
   - What year: ________________________

   If updated, has a licensed roofing contractor verified the system’s integrity?
   - ☐ Yes
   - ☐ No

   Comments:

9. **Any concealed space?**
   - ☐ Yes
   - ☐ No

   If YES, square footage of concealed space: ________________________

10. **Original intended occupancy (be specific):**

   If warehouse, what type of warehouse:

11. **Number of stories:**
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ 6
    - ☐ 7
    - ☐ Other: ________________________

12. **Construction:**

13. **Sprinklers:**
    - ☐ Yes
    - ☐ No

    If YES, is there a sprinkler maintenance agreement in place?
    - ☐ Yes
    - ☐ No

14. **Square footage:**

15. **Occupancies other than self-storage:**
    - ☐ None
    - ☐ Other: ________________________

Insured: