tenantone@minico.com
Tel: 800-528-1056 • www.minico.com

MINICO
A JENCAP® COMPANY

PAY-WITH-RENT TENANT INSURANCE MULTI-FACILITY APPLICATION

GENERAL COMPANY INFORMATION		
Company Name:		
Mailing Address:		
City:	State:	ZIP:
Owner's Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Person:		
Mailing Address:		
City:	State:	ZIP:
Telephone:	E-Mail Address:	

COMMERCIAL INSURANCE INFORMATION
Commercial Insurance Carrier (coverage on property/building):
Insurance Agency for Commercial Insurance Policy:
Commercial Insurance Policy Expiration Date:

SUBMIT THE FOLLOWING DOCUMENTS

1. This application (completed and signed).
2. Copy of the current lease.
3. Spreadsheet listing all locations (address, city, state, ZIP), total units by location, # units with insurance or protection plan by location, limits offered and corresponding premiums, distribution % of policies sold by limit, name of management software vendor, and loss data for past 3-5 years.

Submit documents via e-mail to: **james.appleton@minico.com**

FACILITY OWNER: PLEASE READ CAREFULLY AND SIGN BELOW. PEACE OF MIND FOR YOUR TENANTS…PROTECTION FOR YOU.

Customers insured by MiniCo's Pay-With-Rent tenant insurance program are less likely to seek legal action against you should they suffer a loss. MiniCo's marketing materials include a Tenant Responsibility Addendum, which reinforces the provisions of your lease agreement and brings to the customers' attention the fact that your facility is not responsible for any loss or damage to their stored valuables, that optional insurance coverage is available, and it is their responsibility to purchase.

_____	_____	_____
Owner's Name (please print)	Owner's Signature	Date

For Office Use Only
Owner CDB: _____ Facility CDB: _____ Effective Date: _____ Carrier No.: _____

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