

Self-Storage Facility Application

I. GENERAL INFORMATION

1. Name of Applicant: _____ Requested Effective Date: _____
 DBA (if applicable): _____ FEIN: _____
 Do you conduct business under any other name? If yes, please list these names on a separate paper. Yes No
 Insured Email Address: _____
2. Physical Street Address: _____
 City/County/State/Zip Code _____
3. Business Owner(s): _____ Percentage(s) of Ownership: _____ %
 _____ %
4. Phone: _____ Fax: _____
 Email: _____ Website: _____
5. Business Type: Individual Partnership Corporation Other (describe): _____
6. Number of years in business under the above name: _____
 Additional years of Owner's Self-Storage experience: _____
 If applicable, please describe Owner's prior Self-Storage experience: _____

 Additional years of Manager's Self-Storage experience: _____
 If applicable, describe Manager's prior Self-Storage experience: _____

II. BUSINESS ORGANIZATIONAL DATA (Please complete every item or indicate N/A)

1. Does the Applicant/Owner currently own any other entities or operate any other businesses? Yes No
 If yes, please explain and verify that separate General Liability Insurance is in place for these operations:

2. Does the Applicant/Owner (applicant being the parent company) currently own any subsidiaries? Yes No
 If yes, please explain and verify that separate General Liability Insurance is in place for these operations:

3. Is the Applicant/Owner currently listed as a Subsidiary of any other Company? Yes No
 If yes, please explain and verify that separate General Liability Insurance is in place for these operations:

III. OPERATIONS (Please complete every item or indicate N/A)

1. Describe the Owner's duties or involvement in the daily operations: _____

2. Are you an active member of any State and/or National Trade Association (e.g. SSA, AMSA, etc.)? Yes No
 If yes, please list: _____
3. Number of Full-Time Employees: _____ Number of Part-Time Employees: _____
4. Pre-Employment Screening for your employees includes which of the following (check all that apply):
 Criminal Background Check Prior Employer Contacted Personal References Driving Record Check
 Drug Screening Other (please describe): _____
5. Do you have a Training Program in place for new Employees? Yes No
 If yes, please describe your training program: _____
6. Is your Rental Office located at your facility? Yes No

7. Does your Manager reside at your facility? Yes No
8. Do your Manager's duties include daily lock checks? Yes No
9. Your Facility hours of operations: _____ to _____ on the following days: _____
10. Is your Facility accessible to your customers after hours? Yes No
11. Are two forms of identification required from each prospective Tenant in order to rent space? Yes No
12. Do you offer Customer Storage Insurance to all of your tenants? Yes No
If yes, through which insurance company? _____
13. If your tenants do not purchase Customer Storage Insurance from you, are they required to provide you with evidence of in-force Customer Storage Insurance coverage? Yes No
14. Are all tenants required to sign your rental contract? Yes No
If yes, please attach a copy of your rental contract.
15. Are signs displayed throughout your facility that state that the storage of flammables, hazardous, or toxic materials and/or any other pollutants is prohibited? Yes No
16. Do you comply with all applicable laws concerning the sale and disposal of tenant's property? Yes No
17. Do you sell and/or rent padlocks, packing supplies and/or storage materials? Yes No
If yes, are your sales/rentals of these items limited to your tenants and/or on-site retail customers? Yes No
18. Do you sell and/or rent (Retail, Wholesale and/or via the Internet) any other products? Yes No
If yes, please describe: _____
19. Do you and/or any of your Tenants conduct any type of non-storage operations(e.g. manufacturing, service, repair, etc.) at your facility? Yes No
If yes, please describe these operations: _____
20. Are forklifts and/or loaders used? Yes No
If yes, is this equipment operated only by you and/or your Employees? Yes No
21. Do you have a Maintenance Agreement in place for your Fire Suppression (Sprinkler) System? Yes No N/A
22. Do you use an Incident and/or Accident Reporting Form? Yes No
If yes, do you retain a copy of each completed form for a minimum of 5 years? Yes No

IV. **SALES** (Please complete every item or indicate N/A)

1. What is your current average occupancy rate? _____ % What was your average occupancy rate last year? _____ %
2. Please provide your total estimated Annual Gross Sales (**FOR EACH APPLICABLE OPERATION LISTED BELOW**)

Operation	Estimated Annual Gross Sales
Self-Storage Rental Units	\$
Mailbox Rentals	\$
Vault Rentals	\$
Document/Record Storage/Management	\$
Self-Storage Car Wash	\$
Truck and/or Trailer Rentals	\$
Propane Sales and/or Refilling	\$
Container Storage	\$
Pick-Up and/or Delivery of Mobile Storage Containers	\$
Boat and/or Recreational Vehicle Storage	\$
Boat and/or Recreational Vehicle Services and/or Maintenance (i.e. other than storage)	\$
Fire Art, Antiques and/or Classic Automobile Storage	\$
Wine Storage	\$
Sales/Rental of Padlocks, Packing Supplies and/or Storage Materials	\$
Other Product Sales/Rentals (i.e. other than padlocks, packing supplies, and/or storage materials)	\$
Other (Please describe): _____	\$

V. **HIRED AUTO AND NON-OWNED AUTO LIABILITY** (Please complete every item or indicate N/A)

- If you are not interested in purchasing Hired Auto and Non-Owned Auto Liability coverage, please check this box and skip to **SECTION VI**.
- Do you currently have any Auto Insurance in place for your business operations? Yes No
If yes, through which insurance company? _____
- Before allowing an employee to drive an Auto in connection with your business, do you verify that the Employee has current Auto Insurance in place with Limits of Liability equal to or greater than \$300,000? Yes No
If yes, how is this verified? _____

VI. **PRIOR INSURANCE** (Please complete every item or indicate N/A)

- Please provide details about prior insurance coverage for the last 5 years:

Year	Insurance Carrier Name	Total Annual Sales	Premium
		\$	\$
		\$	\$
		\$	\$
		\$	\$

- In the past 5 years, has your insurance been declined, canceled or non-renewed? Yes No
If yes, please explain why: _____

VII. **CLAIMS HISTORY** (Please complete every item or indicate N/A)

- Please provide details about your claim history for the last 5 years – **if none, please state "NONE"**:

Date of Loss	Description of Loss	Open or Closed	Total Incurred
			\$
			\$
			\$
			\$

- Are you aware of any incidents that have occurred prior to the date of this Application which could result in a claim against you? Yes No
If yes, please provide details: _____

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS:

- 5 YEAR, CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS FOR EACH LINE OF COVERAGE
- YOUR SELF-STORAGE RENTAL CONTRACT
- PHOTOGRAPHS OF YOUR FACILITY
- A PLOT PLAN OF YOUR FACILITY

Self-Storage Facility Supplemental Application

1. Was each building at your facility originally designed for Self-Storage? Yes No

If no, please answer each of the following:

- a. Which building and what was it originally designed for? _____
- b. Has the building been updated in accordance with all governing construction codes? Yes No
- c. What year was the building converted into a Self-Storage Facility? _____

2. Number of Open Lot Rental Spaces: _____ Number of Covered Parking Rental Spaces: _____

3. Number of Car Wash Stalls: _____

4. Please describe **EACH** building located at your facility:

	Building 1	Building 2	Building 3	Building 4	Building 5
Occupancy Description (e.g. Storage Units, Office, Garage, etc.)					
Number of Rental Units					
Building Age					
Building Construction Type (e.g. Frame, Joisted-Masonry, Non-Combustible, Masonry Non-Combustible, Modified Fire Resistive, Fire Resistive)					
Total Square Footage					
Number of Stories					
Distance to Closest Owned Building					
Climate Controlled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Fire Suppression (Sprinkler) System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Burglary Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Burglary Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting Arrestor System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. If any building listed above is over 25 years old, please provide the date of the most recent updates:

Date of Most Recent Update:	Building 1	Building 2	Building 3	Building 4	Building 5
Electrical					
Plumbing					
Heating					
Roofing					

6. What type of additional security is provided at your facility (please check all that apply)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Video surveillance/monitoring | <input type="checkbox"/> Controlled gate access system | <input type="checkbox"/> Keyboard touch pad or card entry |
| <input type="checkbox"/> Visitor sign-in and sign-out | <input type="checkbox"/> Armed Security Guard(s) | <input type="checkbox"/> Unarmed Security Guard(s) |
| <input type="checkbox"/> Fully fenced (chain-link, min height 6ft) | <input type="checkbox"/> Fully lighted at night | <input type="checkbox"/> Gates locked at night |
| <input type="checkbox"/> Gates visible from Manager's office | <input type="checkbox"/> Individual door alarms | <input type="checkbox"/> Tenants provide own locks |
| <input type="checkbox"/> Duplicate keys retained on site | <input type="checkbox"/> Guard dog(s) | <input type="checkbox"/> Other (describe): _____ |

7. Video Surveillance:

- Is the entire facility monitored by video cameras? Yes No
- Is the entire perimeter of each building monitored by video cameras? Yes No
- Is each gate to the facility monitored by video cameras? Yes No

How long is the video archived? _____

8. Please list your desired limits for all desired coverages for **each** applicable building located at your facility:

	Building 1	Building 2	Building 3	Building 4	Building 5
Building (at replacement cost)					
Business Personal Property					

9. Please confirm the annual revenue and occupancy rates for the past three policy terms:

	Expiring Term	1 st Year Prior	2 nd Year Prior
Occupancy Rate			
Annual Revenue			

Do you or any affiliated entities:

- a. Have any prior or current bankruptcy or receivership activity against you? Yes No
- b. Have any open tax liens or judgments pending? Yes No
- c. Have any outstanding collection items or trade payments issues? Yes No

10. Do you own any other building (i.e. not listed on any of our Self-Storage Programs Applications)? Yes No

If yes, answer A-D.

- a. Provide the complete physical address: _____
- b. Describe the occupancy/use of this building: _____
- c. Provide the total Square Footage of this Building: _____
- d. Is separate General Liability Insurance in place for this building? Yes No

Do you own any other land? Yes No

If yes, answer A-D.

- a. Provide the complete physical address: _____
- b. Describe the use of this land: _____
- c. Provide the total acreage of this land: _____
- d. Is separate General Liability Insurance in place for this land? Yes No

11. Within the next year, do you have any plans for any building construction or renovations? Yes No

If yes, please describe the plans: _____

12. Within the next year, do you have any plans for expansion at any of your existing locations? Yes No

If yes, please describe the plans: _____

13. Within the next year, do you plan to acquire any other buildings or land? Yes No

If yes, please describe the plans: _____

14. In the past five years, have there been any claims or allegations of Assault & Battery or Abuse &/or Molestation? Yes No

If yes, please explain or attach details: _____

15. Are firearms kept for protection on the premises? Yes No
In the past five years, have there been any claims, allegations, or incidents involving firearms? Yes No

16. How many properties have been bought and sold in the past 24 months? _____

17. Requested General Liability Limit: \$ _____

A. Coverage C – Employee Dishonesty

Frequency of audits? _____ Total number of employees? _____

Other than Owner, who has check-signing authority? _____

Who completes audits? _____

Owner actively involved in business? Yes No

B. Coverage H – Sale & Disposal Liability

Does applicant have written procedures in place that conform to state laws where they are operating? Yes No

How many sales of individual tenant’s property occurred in the last 12 months? _____

Any claims or court actions made in the past 3 years by tenants claiming damage for sale and disposal of their personal property? (If yes, please attach details.) Yes No

Applicant and Producer’s Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR SELF-STORAGE OPERATIONS AND ANY OTHER APPROVED OPERATIONS SCHEDULED ON THE ISSUED POLICY. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant’s Signature: _____ Date: _____

Applicant’s Name: _____ Applicant’s Title: _____

Submitting Producer’s Signature: _____

Submitting Producer’s Name: _____

RSG National Specialty Programs is a unit of the RSG Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty Group, LLC (RSG). RSG National Specialty Programs works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License # 0G97516). ©2021 Ryan Specialty Group, LLC