

A UNIT OF RSG UNDERWRITING MANAGERS

Self-Storage Supplemental Renewal Application

Fields with an asterisk (*) are **required** for application submission. To ensure quote accuracy and timeliness, please complete **ALL** fields on the application. Additional comments, special requests, and other information may be added on **Page 3** of the application.

*Quote Submitted Date: _____ *Quote Need By Date: _____

*Named Insured: _____

*Physical Address of Storage Facility: _____

*Agency Name: _____

*Agency Address: _____

Member of a Storage Owners Association? Yes No

If yes, name of association: _____

Numbers of years in self-storage industry: _____

Attend Industry Loss-Prevention Seminars (Safety Program)? Yes No

I. Business Property

Employee Dishonesty - NAMED INSURED'S EMPLOYEES ONLY – Property Deductible Applies

Each Occurrence: \$25,000 \$50,000 \$75,000 \$100,000

II. Business Liability

Customers Goods Legal Liability

Each Occurrence: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Do you offer Tenant/Customer Storage Insurance? Yes No

If yes, Provider Name: _____

Sale & Disposal Liability - \$1,000 deductible applies - Complete Coverage H section on Page 3 (pending approval of documents):

Annual Aggregate: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

A. Optional Coverage

Employment Practices Liability: Yes No Data Compromise Coverage: Yes No

Employee Resident Manager's Personal Liability: \$1,000,000

B. Description of Storage Facility Total Number of:

Non-Storage Buildings on Premises: _____ Climate-Controlled Storage Yes No % _____

Self-Storage Buildings: _____ Number of open lot spaces (RVs, boats): _____
 (supplemental application may be required)

Rental Units: _____ Blanket Building Value: _____

BPP: _____ BI: _____

C. Premises Protection (*answers required for all questions)

Is rental office on site? Yes No

If no, provide complete physical address: _____

Designed/built originally for self-storage? Yes No

Has property suffered flood or surface water accumulation? Yes No

If yes, explain how: _____

Subscription Fire Dept. dues paid? Yes No

Is there a sprinkler maintenance agreement in place? Yes No

Does the facility have lightning arrestor system in place? Yes No

Positive ID required when leasing? Yes No

Does Manager reside on premises? Yes No

Does Manager check tenants' locks on a daily basis? Yes No

Are premises patrolled by local police or security company? Yes No

Hired armed security guard? Yes No Fully lighted at night? Yes No

Hours when gates are open: _____ to _____

Are gates locked at night? Yes No

Complex fully fenced or enclosed? Yes No

Gates visible from Manager's office? Yes No

Gate access or control system? Yes No

If yes, type: _____

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? _____

D. Supplemental Information

Does Owner act as Manager? Yes No

Employees/Management number of years experience in self-storage industry: _____

Forklifts or loaders used? Yes No Elevators or lifts used? Yes No

Are the duplicate keys to the rented storage units retained by the insured? Yes No

Annual rental income at 100% occupancy: _____ Current occupancy rate at facility: _____

E. Non-Storage Activities

Are any tenants conducting manufacturing, repair work, retail or any other non-storage operations? Yes No

If yes, describe (include building where located and square footage occupied):

Does insured now or has insured ever acted as a General Contractor? Yes No

Does insured conduct container storage operations? Yes No

Are there any cell towers on premises? Yes No

Does insured offer wine storage? Yes No

Does the named insured have any business activities other than self-storage operations occurring on the premises? Yes No

If yes, describe: _____

Mail box rentals? Yes No

Vault-style rentals? Yes No

Truck/trailer rentals?

Yes No

If yes, name of company: _____

Self-service car wash? Yes No

If yes, number of stalls: _____

Other (describe): _____ Yes No

F. Course of Construction

Beginning date: _____

Ending date: _____

Is Owner acting as the General Contractor? Yes No

G. 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

H. 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

Signature of Agent

Date

Personal Signature of Applicant

Date

Agent’s Name (typed or printed)

Applicant’s Name (typed or printed)

NOTICE TO APPLICANT: I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING.

IN MARYLAND, ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Additional Information

NOTE: Attach additional sheets as necessary.

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