CHUBB°

Self-Storage Supplemental Application

(In addition to the ACORD 125 Application, please complete this form for each submission.)	
Named Insured ("Applicant"):	
Loss control inspection contact name:	
Phone : Email address:	
Trade name:	
• Has the applicant, a majority owner, or member filed for bankruptcy in the past five years?	Yes No
• Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations?	Yes No
Years in the self-storage business:	_
Years under current ownership:	_
Does the manager reside on premises?	Yes No
• Does owner act as manager?	Yes No
Additional Interest: Loss Payee, Mortgagee, Additional Insured. Name & Address:	
 Sale and Disposal Liability: \$10,000 \$25,000 Other: Dedu Resident Manager Liability: Yes No Hired Non-Owned Liability: Yes No If yes, provide # of employees Other Liability Coverages: Sale & Disposal Liability Are written procedures in place for reclaiming space? 	ictible: ictible: YesNo
 What state lien law is followed?	-
 Have there been any claims or court actions in the past three (3) years by tenants claiming damage as a result of sale and disposal of their property? If yes, please list all such claims and court actions in the Loss History section. 	Yes No

Loss History:

Date of Loss	Description	Amount	Open/Closed

If there are multiple buildings at any location, provide a Statement of Values or completed Property Accord. If there are more than three locations, provide a Statement of Values or completed Property Accord.

Complete For Each Location	Location	Location	Location
Total blanket building coverage			
Total # of buildings at location			
Location address			
Personal property limit			
Business income and rental limit			
Number of storage units			
Occupancy rate			
Any indoor storage of RVs; watercraft; vehicles)?			
Number of open lot spaces (RVs, watercraft, vehicles)			
% of gross sales from outside storage (RVs, watercraft, vehicles)			
Year built (if over 35yrs old, provide update information in the section below)			
Distance between buildings			
Square feet			
Number of stories			
ISO construction class			
Roof material			
Sprinkler system?/percentage of areas protected			
Alarm system: 1. C/S fire & burglary, 2. C/S fire only, 3. C/S burglary only, 4. local 5. none			
Climate controlled storage? Yes/No			

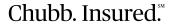
Updates/Renovations	Details	Date Completed
Roof		
Plumbing system		
Heating system		
Electrical system		

Self-Storage Operations:

Is the rental office on premises? If no, complete physical address:	Yes No
Was facility originally designed for self-storage? If no, please describe what facility was originally designed for:	Yes No
Are there any buildings not occupied as self-storage? If yes, please provide location and/or building # and occupancy:	Yes No
 Are any tenants conducting non-storage operations on the premises? If yes, please describe the building used and the square footage occupied:	Yes No
• Does the insured have any business activities other than self-storage operations occurring on the premises? If yes, please explain.	
Are there truck/trailer rentals? If yes, what is the name of the company providing such rentals:	Yes No
Are there any moving services provided?	Yes No
Are there car washes?	Yes No
Records storage/management?	Yes No
Are forklifts or loaders used?	Yes No
Are elevators or lifts used?	Yes No
Are padlocks sold at the rental office?	Yes No
Are duplicate keys retained? If yes, who retains the duplicate keys?	Yes No
Who has access to the duplicate keys?	_
Where are the duplicate keys kept?	
• Is a positive ID required when leasing?	Yes No
Are background checks performed for employees and the manager?	Yes No
Are the premises patrolled? If yes, by whom?	Yes No
Are there any armed security personnel?	Yes No
• Are security dogs used?	Yes No
• Are the premises fully lighted at night?	Yes No
• Is the complex fully fenced or enclosed?	Yes No
• Is there a controlled gate access system?	Yes No
Are there surveillance cameras and monitors?	Yes No
• Are there individual door alarms?	Yes No

Print name & title:

Date (MM/DD/YYYY): _____



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