



SELF-STORAGE INSURANCE APPLICATION

APPLICANT INFORMATION

Name Insured:

Contact Name:

Mailing Address:

Phone:

Email:

Website:

Type of Business: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Other:

Physical Address of Facility:

Additional Interest: ☐ Mortgagee ☐ Loss Payee ☐ Additional Insured
☐ Lender ☐ Landlord ☐ Management Company

Name & Address:

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☐ Lender ☐ Landlord ☐ Management Company

Name & Address:

Current Insurance Company:

Effective Date:

Current Premium:

COVERAGE LIMITS

Replacement Cost of All Buildings:

Business Personal Property Limit:

Total Annual Rental Income:

Projected Rental Income at 100% Occupancy:

Sales & Disposal Liability Limit: Per Occurrence: ☐ \$50,000 ☐ \$100,000 ☐ Other:
Aggregate: ☐ \$50,000 ☐ \$100,000 ☐ Other:

Excess Limit: ☐ \$1 Million ☐ \$2 Million ☐ \$3 Million ☐ \$4 Million ☐ \$5 Million

Customer Legal Liability ☐ \$500,000 ☐ \$1 million

PREMISE INFORMATION

Is the rental office on site? *If no, please provide rental office address.* ☐ Yes ☐ No

Was this facility built originally for self-storage? *If no, what was it originally constructed for?* ☐ Yes ☐ No

Is this property currently under construction or renovation? ☐ Yes ☐ No

Is the facility climate controlled? ☐ Yes ☐ No *If Yes, what is the total percentage?* _____

Is any part of this property located in a floodplain? ☐ Yes ☐ No

Name of Servicing Fire Department: _____

Is facility inside the city limits? ☐ Yes ☐ No Is the fire department? ☐ Paid ☐ Voluntary

Distance to servicing fire department in miles: _____ Distance to fire hydrant in feet: _____

Fire Protection Class: _____

Is there a fire sprinkler system in each building? ☐ Yes ☐ No
If yes, is there a sprinkler maintenance contract in force? ☐ Yes ☐ No

Fire Alarms? ☐ Yes ☐ No Connected to a central station? ☐ Yes ☐ No

Burglar Alarms? ☐ Yes ☐ No Connected to a central station? ☐ Yes ☐ No

Does the manager reside on the premises? ☐ Yes ☐ No

Does the manager check tenant's locks daily? ☐ Yes ☐ No

Fully lighted at night? ☐ Yes ☐ No Facility fully fenced? ☐ Yes ☐ No

Facility Gate / Access Security:

Gate locked manually ☐ Yes ☐ No Automated barrier arm / gate ☐ Yes ☐ No

Keyboard touch pad ☐ Yes ☐ No Camera monitors / motion cameras? ☐ Yes ☐ No

SUPPLEMENTAL OPERATIONS INFORMATION

Are all tenants required to sign a lease agreement? ☐ Yes ☐ No

Does the owner act as a manager of this facility? ☐ Yes ☐ No

Does this facility use Forklifts or Loaders?

☐ Yes ☐ No

Does the building have Elevators or Lifts? ☐ Yes ☐ No

How Many?

Does the applicant have commercial auto insurance policy for owned vehicles?

☐ Yes ☐ No

Any pickup and/or delivery of mobile storage containers?

☐ Yes ☐ No

If yes, please complete a Mobile Storage Supplemental Application.

Are duplicates of storage keys kept by management?

☐ Yes ☐ No

Does the facility offer wine storage?

☐ Yes ☐ No

Is there a boiler room on site for the facility?

☐ Yes ☐ No

Are signs displayed throughout the facility stating the storage of flammables, hazardous or toxic materials and/or any other pollutants is prohibited?

☐ Yes ☐ No

Non-Storage Operations

Does the applicant have any business activities other than self-storage operations occurring on this premises? *If yes, please explain.*

☐ Yes ☐ No

Do any tenants on the premises conduct any type of non-self-storage operations?

☐ Yes ☐ No

If yes, please explain.

If applicable, what non-self-storage business operations are being conducted on site?

LOSS HISTORY

Please provide a listing of all claims that have occurred during the past 5 years. *If none, please state "None".*
Currently valued company loss runs will be required prior to binding.

Date of Occurrence	Claim Description	Amount Paid

Is there anything else that we should know to fully evaluate this risk? *(Not applicable in Florida)*

STORAGE FACILITY BUILDING INFORMATION

Total Number of Non-Self-Storage Buildings on Site _____

Total Number of Self-Storage Buildings on Site

Total Number of Storage Units in the Facility

Number of Outside Rental Spaces

Total Square Footage of All Buildings Combined

SPECIFIC BUILDING INFORMATION

This section requests information about each specific building on the premises.

	Building 1	Building 2	Building 3	Building 4	Building 5
Year Constructed					
Square Feet					
Number of Stories					
Building Updates					
Replacement Cost					
Building Person					
Property Value					
Business Income					

Construction Materials

Exterior Walls

Steel	☐	☐	☐	☐	☐
Masonry	☐	☐	☐	☐	☐
Wood	☐	☐	☐	☐	☐

Joisting

Steel	☐	☐	☐	☐	☐
Masonry	☐	☐	☐	☐	☐
Wood	☐	☐	☐	☐	☐

Roof Type

Tar & Gravel	☐	☐	☐	☐	☐
Composition Shingle	☐	☐	☐	☐	☐
Metal	☐	☐	☐	☐	☐

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON THE FINAL PAGE

Applicant (being the individual or legal entity signing below and applying for the insurance coverages were are the subject matter of this Application) hereby represents and confirms by its or its representative's signature below that it has reviewed this Application and confirms that all information contained herein and all supplemental information and material provided in support of or in connection with this Application is true, accurate and complete.

Applicant hereby authorizes Noble Property Insurance Agency, LLC and its affiliates (collectively, the "Noble Agency") to collect all information included in this Application and other additional information and materials provided by Applicant in support of or in connection with this Application and to release, share, and exchange of such information and materials provided by Applicant with and among any and all of the following (collectively, the "Third Parties"): (a) Applicant's past and present insurance carriers, (b) potential insurance carriers, insurance companies, brokers and agents with whom Noble Agency may seek information, quotes or coverages responsive to the Applicant's insurance needs (including, without limitation, their employees, agents, contractors, and service providers), (c) underwriters, (d) claims adjusters, (e) Noble Agency's employees, agents, contractors, and service providers, and (e) others as Noble Agency deems necessary and related to Applicants insurance needs. Applicant represents and agrees that: (i) it, through itself or its authorized employees, officers, and agents signing this Application, has answered the questions on this Application truthfully, (ii) it will promptly notify Noble Agency in writing of any change in the information contained in the Application any time following the date of this Application (including, without limitation, before and following the Applicant's purchase of or issuance of an insurance policies), and (iii) it will provide such further data, materials and information as requested by Noble Agency as required for purposes of its underwriting process and requirements of Noble Agency and any Third Parties.

APPLICANT FURTHER UNDERSTANDS AND AGREES THAT SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT, NOBLE AGENCY, OR ANY INSURER TO COMPLETE ANY INSURANCE POLICY OR CONTRACT APPLIED FOR, RELATED TO, OR BASED ON THIS APPLICATION. HOWEVER, IF A POLICY IS ISSUED, THIS APPLICATION (AND ALL SUPPLEMENTS OR ADDITIONS HERETO AND SUBSEQUENT RELATED ADDITIONAL APPLICATIONS RELATED) WILL BECOME PART OF THE POLICY.

FRAUD WARNING:

General Fraud Warning: Any person who knowingly makes, presents, confirms or attest to the accuracy of a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, may be guilty of a crime and may be subject to fines, confinement in prison, and other criminal and civil penalties, depending on applicable state and federal laws.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is

a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years

Applicant: _____

By: _____

Name: _____

Title: _____

Date: _____