



Agency / Broker Name and Address: _____

Producer: _____ E-Mail: _____ Phone: _____ Fax: _____

Applicant's Legal Name and Address: _____

Name and Address of Storage Facility: _____

Contact: _____ E-Mail: _____ Phone: _____ Fax: _____

of Years in Industry ____ # of Facilities Owned/Managed ____ Association Member: Yes No State National

Effective Date: _____ Present Carrier: _____ Premium: _____

Construction:

Year Built _____ Was originally constructed for Storage? Yes No Year Converted _____ Year Updated _____

Total Number of Storage Buildings ____ Number of Stories in Each Building ____ Building Sq. Ft. ____ Ttl. Sq. Ft. ____

Construction Class _____ Roofing Material _____ Exterior Walls _____ Joisting _____

Distance Between Buildings ____ # of Buildings Climate Controlled / Cold Storage ____ Total # of Units ____

Security:

Sprinkler _____ Fire _____ Burglar _____ Protection Class _____

Central Station Alarms Yes No Yes No Yes No Distance to Fire Dept. _____

Individual Unit Alarms Yes No Yes No Yes No Distance to fire hydrant _____

Fully Lighted at Night? Yes No Fully fenced? Yes No Gate Access Control? Yes No 24 Hr. Access? Yes No

Is a Manager: On Premises? Yes No Resides on Premises? Yes No Performs Daily Lock Checks? Yes No

Premises is Protected By: Police Patrol Private Patrol Guard Dogs Video Surveillance

Is Tenant Insurance Required? Yes No Is it Offered? Yes No Who is the Tenant Insurance Provider? _____

Business Information:

Is there any other business conducted at the location other than Storage? Yes No

Do facility tenants conduct any retail, repair, manufacturing or any other non-storage activities? Yes No

Does facility use hired or rental vehicles? Yes No Are any pick-up and delivery services provided? Yes No

Does facility conduct any mobile/container storage operations? Yes No Is wine storage offered? Yes No

Does facility provide any boat /RV storage operations? Yes No Number of open lot spaces: _____

Are duplicate keys to rented storage units, boats or RVs retained by the facility? Yes No

Are any stairs, porches, rails, landings, or balconies in need of repair? Yes No

Do any structures have wood shake roofs? Yes No Any graffiti on walls or fences? Yes No

Are any driveways, parking areas or sidewalks in need of repair? Yes No

Any garbage, debris or inoperable vehicles on premises? Yes No

Has this property or insured sustained a loss within the last 5 years? Yes No

Annual rental income at 100% occupancy: _____

Please provide a detailed explanation of all "Yes" answers reflected above. With respect to "other business" please specify who owns and/or operates the business. _____



Limits: Business Property (Buildings \$ _____ / Business Personal Property \$ _____)
 Comprehensive Business Liability (Per Occurrence) _____ \$1,000,000 Excess GL (Per Occurrence) _____ \$10,000,000
 Customer Good Legal Liability (Per Occurrence) \$100,000 \$250,000 (Check Desired Amount)
 Sale/Disposal (Per Occurrence) \$100,000 \$250,000 (Check Desired Amount)
 Any other coverages needed? _____
 Additional Info: _____

Additional Insured Information:

Loan #: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
Nature of Interest: 1st Mortgagee Additional Insured GL 15-1
 Select all that applies 2nd Mortgagee Loss Payee GL 15-2A
 3rd Mortgagee 438BFUNS Applies GL 15-2B
Please include additional pages if necessary.

Loan #: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
Nature of Interest: 1st Mortgagee Additional Insured GL 15-1
 Select all that applies 2nd Mortgagee Loss Payee GL 15-2A
 3rd Mortgagee 438BFUNS Applies GL 15-2B
Please include additional pages if necessary.

The Applicant, Agent and/or Broker represents the information presented in this application is true and no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit Chartwell or any insurance company to policy issuance.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____