

Storage Application

1. Name of Broker: _____

2. Billing Address of Broker: _____

3. Name of Insured: _____

4. Mailing Address of Insured: _____

5. Details of any claims in the past 6 years: _____

6. Name and Address of storage facility: _____

7. Number of units occupied by Insured: _____

8. Description of contents being stored: _____

9. Construction details:

Frame Steel Brick Other (describe) _____

10. Protection for storage facility:

Sprinklered Firehall Hydrant No Protection

11. Anti-theft devices (alarmed):

Yes No Details: _____

12. Is entrance to building gated/locked:

Yes No

13. Age of building: _____

14. Dates of updates:

Roof Wiring Plumbing

15. Is building heated?

Yes No Type of heat: _____

Policy Dates

Effective Date: _____

Expiry Date: _____

Contents Limit Desired: _____

Liability Quote? Yes No

Premium: \$ _____