

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: \$ _____