



## Self Storage Program Submission

|                                    |                                      |                                      |  |
|------------------------------------|--------------------------------------|--------------------------------------|--|
| <b>Submission Date:</b>            |                                      |                                      |  |
|                                    |                                      |                                      |  |
| <b>Brokerage Name</b>              |                                      |                                      |  |
| <b>Brokerage Address</b>           |                                      |                                      |  |
| <b>Broker Name</b>                 |                                      |                                      |  |
| <b>Contact Information</b>         | Email:                               |                                      | Phone/Ext:                                   |
|                                    |                                      |                                      |  |
| <b>Named Insured:</b>              |                                      |                                      |  |
|                                    |                                      |                                      |  |
|                                    |                                      |                                      |  |
| <b>Form of Business</b>            | Corporation <input type="checkbox"/> | Partnership <input type="checkbox"/> | Sole Proprietorship <input type="checkbox"/> |
|                                    |                                      |                                      |  |
| <b>Mailing Address:</b>            |                                      |                                      |  |
|                                    |                                      |                                      |  |
|                                    |                                      |                                      |  |
| <b>Principal(s)</b>                |                                      |                                      |  |
|                                    |                                      |                                      |  |
| <b>Primary Contact:</b>            |                                      |                                      |  |
| <b>Title:</b>                      |                                      |                                      |  |
| <b>Contact Information</b>         | Email:                               |                                      | Phone/Ext:                                   |
|                                    |                                      |                                      |  |
| <b>Website:</b>                    |                                      |                                      |  |
|                                    |                                      |                                      |  |
| <b>Describe Operations:</b>        |                                      |                                      |  |
|                                    |                                      |                                      |  |
|                                    |                                      |                                      |  |
|                                    |                                      |                                      |  |
| <b>Length of Time In Business:</b> |                                      |                                      |  |

|                              | Current Insurer/Policy # | Expiry Date (MM/DD/YY) | Target Premium (\$) |
|------------------------------|--------------------------|------------------------|---------------------|
| <b>CMP/CGL</b>               |                          |                        | \$                  |
| <b>Umbrella/Excess</b>       |                          |                        | \$                  |
| <b>Other:</b>                |                          |                        | \$                  |
| <b>Other:</b>                |                          |                        | \$                  |
| <b>Total Target Premium:</b> |                          |                        | \$                  |

## REVENUE BREAKDOWN

| Products/Operations/Services   | Canadian  | Notes |
|--|-----------|-------|
| Rental of Self Storage Units   | \$        |       |
| Sales of Packaging Materials- locks, etc.  | \$        |       |
| Vehicle Rental (ie. U-Haul International)  | \$        |       |
| Mail Box Rentals   | \$        |       |
| Rental of building space- not as part of the self storage operations (ie. offices or other commercial tenancy) | \$        |       |
| Moving Services provided to self storage tenants   | \$        |       |
| Describe:  | \$        |       |
| <b>Total</b>   | <b>\$</b> |       |

## SUBCONTRACTING

|  |    |                              |                             |
|--|----|------------------------------|-----------------------------|
| Amount of Sublet:                              | \$ | Type of Work Sublet:         |                             |
| Are Certificates from Subcontractors Obtained? |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## COMMERCIAL LIABILITY

| Coverage  | Limit  | Deductible   |
|---|--|--|
| • CGL Limit Per Occurrence                      | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$4,000,000<br><input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000<br><input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500<br><input type="checkbox"/> \$5,000 |
| • Tenant's Legal Liability                      | \$ (\$500,000 Included)  | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500                                     |
| • Non Owned Automobile                          | Included, same limit as CGL  |  |
| • SEF/QEF #94 – Limit Per Vehicle, All Perils   | \$ (\$75,000 Included)   | \$1,000  |
| • Umbrella Limit (Identify underlying coverage) | \$   | \$10,000 SIR   |

## CRIME & FIDELITY

| Description a/o Questions               | Limit Included | Increased Limit Desired |
|---|----------------|-------------------------|
| Employee Dishonesty – Form A            | \$10,000       | \$                      |
| How Many class I Employees? #           |                |                         |
| Broad Form Money & Securities           | \$10,000       | \$                      |
| Money Orders & Counterfeit Currency     | \$10,000       | \$                      |
| Forgery or Alteration                   | \$10,000       | \$                      |
| Credit Card Forgery                     | \$10,000       | \$                      |
| Computer Fraud and Funds Transfer Fraud | \$10,000       | \$                      |

## ADDITIONAL COVERAGE

| Description a/o Questions   | Limits   | Deductible   |
|---|--|--|
| <b>Motor Truck Cargo-</b> Per Conveyance (transportation of Customers Goods for storage, identify revenue generated under in the revenue breakdown section above) | <input type="checkbox"/> \$20,000 (Incidental)<br><input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500 |
| # of vehicles used by insured in moving   |  |  |
| Does the customer pack their own belongings?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |  |
| <b>Miscellaneous Property Floater</b> (provide a list and breakdown of values)  | \$   | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500 |
| <b>Contractors Equipment</b> (off premises) (provide a list incl. year, make, model, s/n, value)  | \$   | Starting at \$1,000<br>Value dependent                               |

## LOCATION #1- CONSTRUCTION & OCCUPANCY DETAILS

|                         |  |
|-------------------------|--|
| <b>Location Address</b> |  |
|                         |  |

### Premises Protection

|   |  |                    |   |  |
|---|--|--------------------|---|--|
| Distance to Fire Hall (km)                                    |  | Staff description  | <input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Combination |  |
| # of public hydrants within 508 ft (155m)                     |  | # private hydrants |   |  |
| Fence – around entire perimeter                               | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Gated              | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Recorded Access (electronically)                              | <input type="checkbox"/> Yes <input type="checkbox"/> No   | On-Site Office     | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Surveillance Cameras- recorded feed                           | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Flood Lights       | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Distance between buildings (ft)                               |  |                    |   |  |
| Who removes the snow and ice?                                 | <input type="checkbox"/> Third Party <input type="checkbox"/> Facility managed<br>If by the Facility, are activity recorded in a log? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |   |  |
| Are there restrictions on what can be stored in the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Details:           |   |  |

### Construction

|   | Building 1   | Building 2   | Building 3   | Building 4   |
|---|--|--|--|--|
| Year Built  |  |  |  |  |
| No. of Storeys  |  |  |  |  |
| Ground Floor Area (sq ft)   |  |  |  |  |
| Construction Style  | <input type="checkbox"/> Row Style<br><input type="checkbox"/> Warehouse<br><input type="checkbox"/> Other   | <input type="checkbox"/> Row Style<br><input type="checkbox"/> Warehouse<br><input type="checkbox"/> Other   | <input type="checkbox"/> Row Style<br><input type="checkbox"/> Warehouse<br><input type="checkbox"/> Other   | <input type="checkbox"/> Row Style<br><input type="checkbox"/> Warehouse<br><input type="checkbox"/> Other   |
| % of building used for Self Storage   |  |  |  |  |
| Originally designed for Self Storage?<br>If no, provide details under notes | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| # of Elevators  |  |  |  |  |
| Walls- framing  | <input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel on Steel<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other  | <input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel on Steel<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other  | <input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel on Steel<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other  | <input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel on Steel<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other  |
| Floors  | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   |
| Roof Construction   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   | <input type="checkbox"/> Wood joist<br><input type="checkbox"/> Steel joist<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other   |
| Roof Covering   | <input type="checkbox"/> Tar & Gravel<br><input type="checkbox"/> Asphalt Shingles<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other | <input type="checkbox"/> Tar & Gravel<br><input type="checkbox"/> Asphalt Shingles<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other | <input type="checkbox"/> Tar & Gravel<br><input type="checkbox"/> Asphalt Shingles<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other | <input type="checkbox"/> Tar & Gravel<br><input type="checkbox"/> Asphalt Shingles<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other |
| Heating system  | <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Hot Water/Boiler<br><input type="checkbox"/> Unheated<br><input type="checkbox"/> Other    | <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Hot Water/Boiler<br><input type="checkbox"/> Unheated<br><input type="checkbox"/> Other    | <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Hot Water/Boiler<br><input type="checkbox"/> Unheated<br><input type="checkbox"/> Other    | <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Hot Water/Boiler<br><input type="checkbox"/> Unheated<br><input type="checkbox"/> Other    |
| % of building protected by sprinkler  |  |  |  |  |

|                                       |  |  |  |  |
|---------------------------------------|--|--|--|--|
| Fire Alarm- monitored                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Burglar Alarm- monitored              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Individual unit alarms- monitored     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Driveway access to the units?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step height (inches) from driveway    |  |  |  |  |
| Step height (inches) behind unit door |  |  |  |  |
| # of self storage units (per bldg.)   |  |  |  |  |

**Update Details**

|   | Building 1  |      | Building 2  |      | Building 3  |      | Building 4  |      |
|---|---|------|---|------|---|------|---|------|
|   | Update  | Year | Update  | Year | Update  | Year | Update  | Year |
| Plumbing  | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      |
| Heating   | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      |
| Electrical  | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      |
| Roof  | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      | <input type="checkbox"/> Partial<br><input type="checkbox"/> Full |      |
| Other Details   |   |      |   |      |   |      |   |      |
| Are there any outstanding recommendations from prior inspections? |   |      |   |      |   |      | <input type="checkbox"/> Yes <input type="checkbox"/> No          |      |
| If yes, provide details:  |   |      |   |      |   |      |   |      |

**Occupancy**

|  |   |                      |  |
|--|---|----------------------|--|
| Property Ownership   | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant      | # bldgs. on premises |  |
| Manager or owner lives on premises?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                      |  |
| Describe tenancy by others (if any)                                |   |                      |  |
| Are tenants permitted to operate a business from the storage unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No, Describe: |                      |  |

**Storage Unit Breakdown**

|  | Premises Totals |
|--|-----------------|
| Storage units (row bldgs & warehouses) |                 |
| Outside storage spaces (ie. parking)   |                 |
| Container storage on premises          |                 |
| Mail Boxes                             |                 |

**Additional Notes:**

|  |
|--|
|  |
|  |
|  |
|  |

Use the supplementary location pages for any additional locations and/or buildings.

## LOCATION # 1 - PROPERTY & SPECIALTY COVERAGE

| Coverage  | Building 1   | Building 2   | Building 3   | Building 4   |
|---|--|--|--|--|
| Building (incl. attached signs)   | \$   | \$   | \$   | \$   |
| Fences/Walkways/Roadways  | \$   | \$   | \$   | \$   |
| Outdoor property on premises<br>(ie. signs not attached to building)  | \$   | \$   | \$   | \$   |
| Equipment   | \$   | \$   | \$   | \$   |
| Office Contents   | \$   | \$   | \$   | \$   |
| Tenant Improvements   | \$   | \$   | \$   | \$   |
| Stock   | \$   | \$   | \$   | \$   |
| Sewer Backup  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Earthquake  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Flood   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Equipment Breakdown excl.<br>production equipment   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Interruption<br><input type="checkbox"/> Profits <input type="checkbox"/> Rental Income <input type="checkbox"/> ALS<br><input type="checkbox"/> 12 mths <input type="checkbox"/> 18 mths <input type="checkbox"/> 24 mths | \$   | \$   | \$   | \$   |
| Ordinary Payroll- 90 Day  | \$   | \$   | \$   | \$   |
| Extra Expense (\$50,000 incl.)  | \$   | \$   | \$   | \$   |
| Other:  | \$   | \$   | \$   | \$   |
| Other:  | \$   | \$   | \$   | \$   |
|   |  |  |  |  |
| <b>Deductibles</b>  |  |  |  |  |
| All standard property losses except<br>sewer backup, flood and earthquake   | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 |  |  |  |

### SPECIALTY COVERAGE

|  |  |
|--|--|
| A \$10,000 limit is included with each policy. Select a higher limit if required.                    |  |
| <b>Self Storage Operators Legal Liability</b>  | <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000<br><input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 |
| <b>Sale and Disposal</b>   | <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000  |
| Are you aware of and follow any provincial regulations for the sale and disposal of tenants property | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| What activities are performed prior to the sale of the tenant's property?                            |  |
| How many days after the initial delinquency will the property be sold?                               |  |
| How many sales of tenant property happen per year?   |  |
| <b>Tenant Content Abandonment</b><br>(not available for unfenced Row style)                          | <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000  |

**Additional Notes:**

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|  |
|  |

Use the supplementary location pages for any additional locations and/or buildings.

## BLANKET CUSTOMERS GOODS

Ensuring your customers have coverage for their property helps your facility. If they have coverage:

- They will look toward the insurer for compensation, not the self storage facility
- Improves public relations as you're considering their needs

|                                     |  |
|-------------------------------------|--|
| Is a quote required?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Average % Occupancy level           |  |
| Do tenants provide their own locks: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility keep keys?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Coverage Limit

Select the blanket limit applicable to every customer of the facility:

- \$5,000   
  \$10,000   
  \$15,000   
  \$20,000   
  \$25,000

|                             |  |
|-----------------------------|--|
| I excess coverage required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------|--|

### Additional Notes:

|  |
|--|
|  |
|  |

## ADDITIONAL INTERESTS

| Status   | Related Interest | Name & Address |
|--|------------------|----------------|
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Mortgagee<br><input type="checkbox"/> Additional Insured |                  |                |
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Mortgagee<br><input type="checkbox"/> Additional Insured |                  |                |
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Mortgagee<br><input type="checkbox"/> Additional Insured |                  |                |
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Mortgagee<br><input type="checkbox"/> Additional Insured |                  |                |

## 5 YEAR LOSS HISTORY

| <b>Property- Facility</b> |   |             |         |
|---------------------------|---|-------------|---------|
| Date (MM/DD/YY)           | Status<br>(open/closed)                                       | Description | Payment |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                           | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |

| <b>Property- Customers Goods</b> |   |             |         |
|----------------------------------|---|-------------|---------|
| Date (MM/DD/YY)                  | Status<br>(open/closed)                                       | Description | Payment |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |

| <b>Liability</b> |   |             |         |
|------------------|---|-------------|---------|
| Date (MM/DD/YY)  | Status<br>(open/closed)                                       | Description | Payment |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |
|                  | <input type="checkbox"/> Open <input type="checkbox"/> Closed |             | \$      |