

## ADDITIONAL LOCATION/BUILDINGS - CONSTRUCTION & OCCUPANCY DETAILS

Location #	Address	

### Premises Protection

Distance to Fire Hall (km)		Staff description	<input type="checkbox"/> Full Time	<input type="checkbox"/> Volunteer
			<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			
	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 #	Building #	Building #	Building #
Year Built				
No. of Storeys				
Ground Floor Area (sq ft)				
Construction Style	<input type="checkbox"/> Row Style <input type="checkbox"/> Warehouse <input type="checkbox"/> Other	<input type="checkbox"/> Row Style <input type="checkbox"/> Warehouse <input type="checkbox"/> Other	<input type="checkbox"/> Row Style <input type="checkbox"/> Warehouse <input type="checkbox"/> Other	<input type="checkbox"/> Row Style <input type="checkbox"/> Warehouse <input type="checkbox"/> Other
% of building used for Self Storage				
Originally designed for Self Storage? 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 <input type="checkbox"/> Steel on Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel on Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel on Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel on Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other
Floors	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other
Roof Construction	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Wood joist <input type="checkbox"/> Steel joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other
Roof Covering	<input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Membrane <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other	<input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Membrane <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other	<input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Membrane <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other	<input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Membrane <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other
Heating system	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Hot Water/Boiler <input type="checkbox"/> Unheated <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Hot Water/Boiler <input type="checkbox"/> Unheated <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Hot Water/Boiler <input type="checkbox"/> Unheated <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Hot Water/Boiler <input type="checkbox"/> Unheated <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 #		Building #		Building #		Building #	
	Update	Year	Update	Year	Update	Year	Update	Year
Plumbing	<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full	
Heating	<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full	
Electrical	<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full	
Roof	<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <input type="checkbox"/> Full		<input type="checkbox"/> Partial <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:**


**LOCATION # - PROPERTY & SPECIALTY COVERAGE**

Coverage	Limits (\$)			
	Building #	Building #	Building #	Building #
Building (incl. attached signs)	\$	\$	\$	\$
Fences/Walkways/Roadways	\$	\$	\$	\$
Outdoor property on premises (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. 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 <input type="checkbox"/> Profits <input type="checkbox"/> Rental Income <input type="checkbox"/> ALS <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 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 <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> (not available for unfenced Row style)	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000

**Additional Notes:**
