



Self Storage Program Submission

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

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

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:	\$	
Total	\$	

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 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
• Tenant's Legal Liability	\$ (\$500,000 Included)	<input type="checkbox"/> \$1,000 <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
Motor Truck Cargo- Per Conveyance (transportation of Customers Goods for storage, identify revenue generated under in the revenue breakdown section above)	<input type="checkbox"/> \$20,000 (Incidental) <input type="checkbox"/> \$100,000	<input type="checkbox"/> \$1,000 <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	
Miscellaneous Property Floater (provide a list and breakdown of values)	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Contractors Equipment (off premises) (provide a list incl. year, make, model, s/n, value)	\$	Starting at \$1,000 Value dependent

LOCATION #1- 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 1	Building 2	Building 3	Building 4
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 1		Building 2		Building 3		Building 4	
	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:

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 (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:	\$	\$	\$	\$
Deductibles				
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.	
Self Storage Operators Legal Liability	<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
Sale and Disposal	<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?	
Tenant Content Abandonment (not available for unfenced Row style)	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000

Additional Notes:

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
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Additional Notes:

ADDITIONAL INTERESTS

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

