The Hanover Insurance Group®

AMWINS®

PROGRAM UNDERWRITERS

SELF-STORAGE INSURANCE APPLICATION

PRODUCER/AGENT INFORMATION

Legal Name of Agency: _____

Mailing Address: _____

Contact Name: _____

Phone: _____ Email: _____

Current Insurance Company: _____ Effective Date: _____

Current Insurance Premium: _____ Target Premium: _____

APPLICANT INFORMATION

Applicant's Legal Name: _____
(as it will appear on the policy)

_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____

Type of Business: ☐ Corporation ☐ Sole Propriotership ☐ Partnership ☐ LLC

☐ Other _____

Do you have a website? Yes ☐ No ☐ If Yes, website address_____

- **A copy of the lease agreement used by this self-storage operation will be required prior to binding coverage.**

COVERAGE INFORMATION

Customers' Goods Legal Liability Limit - Per Occurrence and Aggregate:

☐ $500,000 ☐ $750,000 ☐ $1,000,000

Other: _____

Sale and Disposal Liability Limit - Per Customer and Aggregate:

☐ $500,000 ☐ $750,000 ☐ $1,000,000

Other: _____

Excess Limit: ☐ $1 million ☐ $2 million ☐ $3 million ☐ $4 million ☐ $5 million

Is the rental office on site? *If no, please provide rental office address:* Yes ☐ No ☐

Address _____

Does the manager reside on the premises?	Yes ☐	No ☐
Fully lighted at night?	Yes ☐	No ☐
Does the manager check tenant's locks daily?	Yes ☐	No ☐
Facility fully fenced?	Yes ☐	No ☐
Does the applicant allow the storage of flammable or hazardous materials?	Yes ☐	No ☐
Are guard dogs utilized at the facility?	Yes ☐	No ☐
Does the applicant use armed guards at the facility?	Yes ☐	No ☐
Is the applicant a document or file storage facility?	Yes ☐	No ☐
Does the applicant allow wine storage?	Yes ☐	No ☐
Does the owner act as manager of this facility?	Yes ☐	No ☐
Are duplicate keys retained to storage units?	Yes ☐	No ☐
Any Lessors' Risk operations?	Yes ☐	No ☐

If yes, what is the percentage of operations? _____

How many years of self-storage experience does the management of this facility have?

_____

_____

Forklifts or loaders used? Yes ☐ No ☐ Elevators or lifts used? Yes ☐ No ☐

Facility gate/access security:

Gate locked manually Yes ☐ No ☐ Automated barrier arm / gate Yes ☐ No ☐

Keyboard touch pad Yes ☐ No ☐ Camera monitors Yes ☐ No ☐

Was this facility built originally for self-storage? *If no, what was it originally constructed for?*

_____

Is this property currently under construction or renovation? Yes ☐ No ☐

Is facility climate controlled? Yes ☐ No ☐ *If Yes, what is the total percentage?* _____ %

Is any part of this property located in a floodplain? Yes ☐ No ☐

Name of servicing fire department: _____

Is facility inside the city limits? Yes ☐ No ☐ Is it a paid fire department?_____Yes ☐ No ☐

Distance to servicing fire department in miles: _____ Distance to fire hydrant in feet: _____

Fire protection class: _____ Is there a fire sprinkler system in each building? _____

If yes, is there a sprinkler maintenance contract in place? _____

Do you have any solar panels? _____ How many panels? _____

If yes where are they located? _____

Fire alarms? Yes ☐ No ☐ Connected to central station? Yes ☐ No ☐

Burglar alarms? Yes ☐ No ☐ Connected to central station? Yes ☐ No ☐

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1. What is the Square Footage of the roof cover? ____

2. What is the Age of roof cover? ____
   Is a Roof Replacement Scheduled? ☐ Yes ☐ No
   If Yes, please describe replacement schedule____

3. Slope of the roof is considered: ☐ Conventional Slope ☐ Flat/Low Slope

4. Roof Materials are:
   ☐ Asphalt Shingles ☐ Metal ☐ Slate
   ☐ Concrete Tile ☐ Clay Tile ☐ Wood Shake
   ☐ Gravel or Asphalt Built-up Roof ☐ Modified Bitumen ☐ EPDM (Rubber Membrane)
   ☐ Roll Roofing ☐ PVC/TPO Membrane ☐ Sprayed Polyurethane Foam
   ☐ Copper ☐ Other ____________________

5. Has the building been exposed to a hail storm in the past 5 years?
   ☐ Yes – No Damage
   ☐ Yes – With Damage
      Has the Roof been Repaired? ☐ Yes ☐ No
      Has the Roof been Replaced? ☐ Yes ☐ No
   ☐ No

6. Do you have roof mounted equipment (HVAC, solar panels, process equipmet, etc.)? ☐ Yes ☐ No
   What is the number of each roof mounted equipment?
   HVAC ________ Solar Panels ________ Process Equipment ________ Other ________
   If HVAC, is there any hail guard protection? ☐ Yes ☐ No
   If Solar Panels, are they owned or leased? ☐ Owned ☐ Leased

7. Do you have Skylights? ☐ Yes ☐ No
   If Yes, how many?___________ What is the size of the Skylights? ______________________

8. Do you have the roof inspected at least anually by a qualified person? ☐ Yes ☐ No

9. Have you experienced roof leaks in the past 12 months? ☐ Yes ☐ No
   If Yes, what has been done to fix the leaks? ____

Non-Storage Operations

Does the **applicant** have any business activities other than self-storage operations occurring on this premises? *If yes, please explain* Yes ☐ No ☐

_____

Do any **tenants** on this premises conduct any type of non-self-storage operations? Yes ☐ No ☐

If yes, please explain _____

Are any of the following operations being conducted on this premises by anyone:

Car wash Yes ☐ No ☐ Propane sales/refilling Yes ☐ No ☐

Truck/trailer rentals Yes ☐ No ☐ Retail Yes ☐ No ☐

Other? *If yes, please explain* Yes ☐ No ☐ _____

STORAGE FACILITY BUILDING INFORMATION - PLEASE PROVIDE SOV TO SUPPORT INFO BELOW

Total number of **non-self-storage buildings** on site _____

Total number of **self-storage buildings** on site _____

Total number of storage **units** _____

Number of outside rental spaces _____

Total square footage of all buildings combined _____

Does the applicant have a commercial auto insurance policy for owned vehicles? _____

Why is Hired Auto being requested? _____

Estimated number of hired autos annually? _____

Provide a description of types of hired autos to be covered.

_____

What is the maximum distance a hired auto is driven? _____

Have you had any hired auto losses in the past? _____

Why is non-ownership coverage being requested? _____

What types of vehicles will be used in your business? _____

How will they be used? _____

What is the total non-owned autos available for your business? _____

Total number of employees? _____

Do you require employees to have their own insurance? _____

If yes what are the minimum limits required? _____

Are motor vehicle records reviewed prior to hire and annually thereafter? _____

Please send a list of drivers and MVR's for review if requesting HNOA

FRAUD WARNING STATEMENTS

Please read the fraud warning statement applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and/or civil penalties.

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND and **WEST VIRGINIA**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, OHIO and **PENNSYLVANIA**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

TENNESSEE, VIRGINIA and **WASHINGTON**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that he/she has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her knowledge.

_____ _____

Signature of Applicant *Date*

_____ _____

Signature of Agent/If Florida, include agent license number *Date*

When completed, please email or fax this application along with a copy of the tenant lease agreement to us. We look forward to working with you.