

Self Storage Insurance Application

On The Move Insurance Agency
 28825 IH-10 West
 Boerne, TX 78006
 Phone: 800-645-9949
 Fax: 830-755-2484

Producer:
 Email:
 Phone:

Answer questions to the best of your knowledge and belief. All material facts must be disclosed as failure to do so may nullify any policy or certificate issued. A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact, you should consult your broker. If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer.

 Printed Name of Applicant

 Signature of Applicant

Company: _____
 DBA: _____
 Contact: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Location Specifics

Total number of Locations: _____

Corporation Name:																			
DBA:																			
Address:																			
P/C Expiration Date:																			
Construction Type:																			
# of Units		Limit for goods to be insured		Declared Value		Overall S.F.		# of Buildings		# of drive-up units		% of Occupancy		Distance Between Bldgs					
Intruder Alarm		Central Station		CCTV internal & External		Is CCTV Monitored by Central Station		Fire Alarm		Central Station		Twice-Daily Walk-Thrus		Security gates and fence					
Yes No		Yes No		Yes No		Yes No						Yes No		Yes No					
Fire Hose		Smoke Detectors		Fire Extinguisher		All goods kept in enclosed bldg		Customers use units for activities		Below Street Level		Portable Heating		Pincode access to unit		Sprinklers		Stickers on locks	
		Yes No		Yes No		Yes No		Yes No						Yes No					
Live in Mgr		Guard		Number of break ins or fires last 5 years		Facility Losses (number)		Number of years for loss submitted		P&C Claims Experience Attached		History: Collapse		History: Flooding					
Yes No												Yes No		Yes No					