



## INSURANCE INFORMATION

### Our Policy

We require every tenant to have "off-site storage" insurance coverage--meaning your items are insured even if they are not in your home. You can meet this requirement in one of two ways. Please review the options below and select the one that will work best for you.

- I have off-site storage coverage on my homeowners/renters insurance.** *By choosing this option, I understand I must provide proof of off-site storage coverage by presenting the declarations page of my current policy to A Better Rate Storage at the time of rental or within seven (7) days from date of rental. If I do not present proof of existing off-site storage insurance coverage, I understand that the minimum insurance policy of \$9/month through StorSmart will be assessed to my account and I will be responsible for remitting the monthly payment for this policy in addition to my monthly rent.*
- I will take an insurance policy through StorSmart by filling out the attached form.** *By choosing this option, I understand that no further proof of insurance is required, and the payment for the policy chosen will be included in the amount due monthly.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

### Why is insurance required?

Here at A Better Rate Storage, we are serious about keeping your belongings safe. To keep that commitment to you, we go to great lengths to be the most secure self-storage facility around. This includes full-perimeter fencing, 24/7 camera surveillance, top-of-the-line gate system with tenant-only access codes, and tenant-only locks.

But we don't stop there. We make sure that even in the event that a disaster were to occur, you would have the peace of mind of knowing your belongings were insured while they were in storage. Most self-storage facilities require insurance, but many fail to tell their customers about it up-front. But here, we pride ourselves on transparency. That's why we provide this form, and that's why you will find the following right on the "Do you offer insurance?" section of the FAQ page on our website: "Simply provide documentation of an existing policy covering off-site storage, or use one of our policies starting as low as \$9/month."

**We are committed to being the most transparent, most secure, most reliable, most modern, most convenient, most affordable, and friendliest self-storage facility you can find. Our insurance procedures are just one more way we ensure you receive the best self-storage experience possible!**

**A Better Rate Storage**  
**Making self-storage better since 1995!**  
 (717) 417-5468  
 abetterratestorage110@gmail.com  
 www.abetterratestorage.com  
 110 Yoe Drive Red Lion, PA 17356

## INSURANCE ELECTION AGREEMENT

Enclosed Storage Space Coverage



### CUSTOMER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### FACILITY INFORMATION

Name: A Better Rate Storage  
 Address: 110 Yoe Drive  
 City, State, Zip: Red Lion, PA 17356  
 Facility Number: PA10801 Storage Space #: \_\_\_\_\_  
 Fax form to: 1-844-814-4660  
 Email form to: enrollments@storsmartinsurance.com

**I UNDERSTAND AND AGREE THAT THIS STORAGE FACILITY DOES NOT INSURE MY PROPERTY & HAS NO RESPONSIBILITY TO PROVIDE INSURANCE. MY PROPERTY IS STORED AT MY SOLE RISK & I HAVE AGREED TO INSURE MY PROPERTY AGAINST LOSS.**

### NEW HAMPSHIRE INSURANCE COMPANY APPLICATION FOR INSURANCE

Certificate Number: PA10801 MM/DD/YY  
 Facility # Space # Coverage effective date

I elect to obtain this insurance coverage for my property exclusively available through Property First Group Insurance Agency. I want to purchase the following amount of insurance with 100% Burglary and Robbery coverage:

Limit of Coverage:	\$2,000	\$3,000	\$5,000	\$7,500	Other
Monthly Premium:	\$9	\$13	\$22	\$32	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGEMENT:** I understand that the amount noted above is the Premium I must pay for the Limit of Coverage I have selected. I authorize the Owner of this storage facility to conduct the administrative function of receiving the monthly Premium to send to the insurance agency on my behalf. I understand that a portion of the Premium I am agreeing to pay for insurance covers the storage facility's cost of collecting, accounting for, and remitting premiums to the insurance agency. I have read and completed this Insurance Election Agreement to apply for the coverage. I have received and read a copy of the Certificate of Storage Insurance for New Hampshire Insurance Company Master Policy #1105/0408.

**COVERAGE EFFECTIVE DATE:** The insurance will become effective on the later of the completion of this application, payment of the Premium, and the start date of the lease.

**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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**THIS FACILITY AND ITS EMPLOYEES ARE NOT QUALIFIED OR AUTHORIZED TO EVALUATE THE ADEQUACY OF ANY INSURANCE YOU MAY HAVE. QUESTIONS REGARDING THIS STORAGE INSURANCE PROGRAM SHOULD BE DIRECTED TO PROPERTY FIRST GROUP INSURANCE AGENCY.**

**I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THIS STORAGE INSURANCE PROGRAM AS OF THE DATE AND TIME SIGNED BELOW.**

Tenant (lessee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Agent/Producer Signature:  Agent/ Producer Name: Michael Rhoads

State License #: PA 588404

Offered by: Property First Group, LP, 2451 Kingston Court, York, PA 17402 1-888-545-7627 PA License #588404 123070 (07/16)