

☐ Safeco Insurance Company of
America
☐ Aspen American Insurance
Company
(Company selection to be determined by
underwriter)



MiniCo Insurance Agency, LLC
10851 N. Black Canyon Highway Suite 200, Phoenix,
AZ 85029
TEL: 800-528-1056 FAX: 800-637-4981

Our Quotation is subject to the following conditions and information. We will need:

1. A site diagram for each location to be insured;
2. Photos of each location to be insured;
3. A copy of your lease agreement that is being used;
4. Current valued loss runs for the last 3 years;
5. A signed application (a signature page is included for your convenience) attesting to the validity and accuracy of the portal responses.

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GENERAL FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN MARYLAND, ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

_____ Signature of Agent	_____ Date	_____ Personal Signature of Applicant	_____ Date
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_____ Agent's Name (typed or printed)	_____ Applicant's Name (typed or printed)
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NOTICE TO APPLICANT: I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING.

ADDITIONAL INFORMATION

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Agent Information

Login Name	
Agency Name	Northlake Agency, Inc.
Full Name	
Address	
City	
State	
Zip	
Phone Number	
Email	

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Application Information

Named Insured	
Desired Effective Date	
DBA	
Business	
Mailing Address	
City	
State	
Zip	
Fax	
Phone	
Email	
Contact Name	
Does the named insured have any vacant land at any address that is not a part of a self storage location included within this application?	

Policy Coverage Information

Comprehensive Business Liability	Occurrence/Aggregate
Hired and Non-owned Auto	
Customer Goods Legal Liability	
Data Compromise Coverage	
Employee Benefits Liability	
Employment Practices Liability	
Employment Practices Liability Supplemental Application	
Limit Desired	
Have you closed or consolidated any offices, downsized or reduced staff (greater than 10% of the workforce) or merged with or acquired any	

company during the last 12 months?	
Do you anticipate any of the above in the next 12 months?	
Number of employees terminating employment during the last year	
Number of employer-initiated terminations during the last year?	
Have you received any employment-related inquiry, complaint or charge from any municipal, state or federal authority or any other government agency?	
Have you had a claim, suit, grievance or demand made against you?	
Are you aware of any facts, incidents or circumstances which may result in a claim(s) being made against you?	
Do you use an employment application that contains the following:	
Employment at will statement?	
Authorization to check references and criminal record?	
Require a signature attesting that all representations are true?	
An equal opportunity statement?	
Do you distribute an employment handbook to your staff which contains the following	
Employment at will statement?	
Equal opportunity statement?	
Anti-sexual harassment policy?	
Number of years in business?	
Systems Protection	
Sale and Disposal Liability (10,000 included)	
Are written procedures in place that conform to the state laws where they are operating?	
On average, what percentage of the total self storage units under this application have had the tenant's property sold or disposed of in the last 12 months?	
Have there been any claims or court actions in the past 3 years by tenants claiming damage for the sale and disposal of their property?	
Certified Acts of Terrorism	INCLUDED

Location Information

Location Number	
Location Name	
Physical Address	

City					
State					
Zip					
Is insurance that covers the tenants stored goods available for the tenant to purchase at this facility?					
Additional Interest/Insured for this location?					
If you are unsure of any of the specific physical details (such as square footage, year built, etc.) regarding this location, please enter your best guess and check this box.					
Year built of oldest building at this location					
Are there any vacant buildings at this location?					
Protection Class					
Is this location inside the city limits?					
Distance to fire hydrant					
Distance to fire station					
Are subscription Fire Dept. dues paid?					
Has this location suffered from any accumulation of flood or surface waters in the past?					
Construction					
Construction type	Type 1	Type 2	Type 3	Type 4	
	Frame	Metal or Masonry	Mas-Non Comb	Fire Resistive	
# of Buildings					
Total Sq. Ft.					
# of Rental Units					
Highest # of stories					
Roof Const(if known)					
Enter gauge if metal					
100% operational fire sprinkler system					
Square Footage of ALL Buildings:					
Self Storage buildings (incl. rental office and manager's apartment)					
Non-self storage buildings (enter 0 if none)					
Total sq. ft. leased to others for other than self storage purposes (enter 0 if none)					
Are multi-story buildings equipped with elevators?					
Are multi-story buildings equipped with lifts?					
Are Forklifts and Loaders used?					
Were the buildings at this location designed and built for self storage (not					

including the rental office or manager's apartment)?	
What is the distance between the 2 closest buildings?	
Vacant land at this location for future development	
Open lots/spaces for rent?	
Are there 30 or more rental units/spaces that are designated specifically for boats, RV's or vehicles?	
Is your Rental Office at another location?	
Please provide the complete address 2000 University Blvd Round Rock, TX 78665	
Is positive proof of identification (driver's license, Social Security card, etc.) required when leasing?	
Does the location manager reside on the premises?	
Does the location manager check tenants' locks on a daily basis?	
Is this location:	
A. Fully paved?	
B. Equipped with speed bumps?	
C. Equipped with bollards (crash posts)?	
D. Fully fenced or enclosed (at least 6 ft. high)?	
E. Fully lighted at night?	
F. Equipped with TV monitors?	
G. Equipped with gates that are locked at night?	
Are all buildings protected by an operational fire sprinkler system?	
Is there a fire sprinkler maintenance agreement in place?	
Are there fire alarms on/in the buildings?	
Are they connected to a central station?	
Are there burglar alarms on/in the buildings?	
Are they connected to a central station?	
Are the premises patrolled by local police or a security company?	
How many of the buildings are climate controlled?	
Are the duplicate keys to the rented storage units retained by the insured?	
Does the insured have any business activities other than conventional self storage operations occurring on these premises?	
Do any self storage tenants use their rented storage unit for anything other than self storage?	

Location Coverage Information

Location	
Blanket Building and Business Personal Property Limit (Includes fences, glass, signs, foundations, roadways, walks and gates.)	
Blanket Building and Business Personal Property Deductible	
Are there any incidental occupancies/lessors risk exposures at this location?	
Premises Medical Payments	
Crime/Employee Dishonesty Note: Crime/Employee Dishonesty - Named Insured's Employees ONLY - \$15,000 Employee Dishonesty, \$10,000 Money and Securities On Premises, \$5,000 Money and Securities Off Premises Included	
Is the owner actively involved in the business?	
Does the owner act as the manager?	
Frequency of audits	
Who performs the audits?	
Does anyone have check signing authority other than the owner?	
Number of Employees	
Employee Dishonesty	
Money and Securities On Premises	
Accounts Receivable	25,000
Business Income Coverage	15 Months
Fine Arts Coverage	10,000
Mini-Computer Coverage	Included in Blanket Limit
Media and Data Coverage	20,000
Valuable Papers and Records	25,000
Identity Recovery Coverage	Included
Building Ordinance Coverage	Included
Multiple Locations Blanket Building Coverage	No
Earthquake Coverage (Not available for California properties)	No
Employee Resident Manager Personal Liability (not available in all states)	No
Employee's Personal Property (10,000 Included)	10,000
Limited Pollutant Removal	Yes
Limited Pollutants Supplemental Application	
Select Quote Limit	Occ. limit/ Agg. limit/

	deductible 25,000/100,000/None
Does the lease contain language specifically prohibiting storage of hazardous/toxic waste and other pollutants?	Yes
What procedures are in place for identification of renters (such as requiring driver's license and Social Security numbers) when signing up a new tenant? Driver's license are checked and tenant must show proof of residency.	
Insured facility agrees to display signs specifically prohibiting storage of hazardous/toxic waste and other pollutants?	Yes
Pollution Clean-up and Removal (25,000 Included)	25,000

Additional Information

How many years of self-storage experience do the owner/manager/employees have?	
Is the named insured a member of a Storage Owners Association?	
Please name the association(s): TSSA	
Does the named insured attend storage industry Loss Prevention Seminars?	
Does the named insured own or operate any other self storage locations or any other businesses not shown on this application?	
Does the named insured now or has the named insured ever acted as a General Contractor?	
Does the named insured have insurance on these facilities that is in-force today?	
Have there been any losses or any court actions in the past 3 years?	

Are you interested in an umbrella quote?

Comments: