

Self Storage

CIBA Supplemental Application



Please attach this supplemental to the General CIBA Application

You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at CIBAQuote@cibaservices.com. Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

| | | |
|-----------------|-------------|-----------------|
| Broker/Company: | Office: | Submitted By: |
| Phone Number: | Fax Number: | E-Mail Address: |

Account Name:

Commercial Self Storage Property:

| | | | |
|---|---------------|----------------------------|--------------------------|
| Deductible Requested: | Property | Liability | Effective Date: |
| Customer Good Legal Liability (Per Occurrence): | | | \$100,000 \$250,000 |
| Sale/Disposal (Per Occurrence): | | \$100,000 | \$250,000 |
| Additional Crime Coverage: | | \$25,000 / \$250,000 limit | |
| Building Replacement Value: | Annual Rents: | Business Personal Property | |

Construction:

Year Built: _____

Was Originally Constructed for Storage? Yes No

Total Number of Storage Buildings: _____

Number of Stories in Each Building: _____

Building Square Feet: _____

Building Construction Type: _____

Roof Type? _____

Distance Between Buildings: _____ Feet

Number of Buildings Climate Controlled/Cold Storage: _____

Total Number of Units: _____

ISO Public Fire Protection Class: _____

Parking: _____ Square Footage: _____

Security:

| | Sprinkler | | Fire | | Burglar | |
|--------------------------|-----------|----|------|----|---------|----|
| Central Station Alarms: | Yes | No | Yes | No | Yes | No |
| Individual Unit Alarms:: | Yes | No | Yes | No | Yes | No |

Business Information:

Does the insured have any other business activities other than self-storage operating on the premises? Yes No

 If yes, please explain: _____

Do any tenants on this premise conduct any type of non self-storage operation? Yes No

 If yes, please explain: _____

Is there a waiver of subrogation in the lease? Yes No

Is there a written and enforced no smoking policy in place? Yes No

Are any of the following operations being conducted on this premise?

| | | |
|-------------------------|----------------------|--------|
| Car Wash | Truck/Trailer Rental | Retail |
| Propane Sales/Refilling | Wine/Liquor Storage | Other? |

If yes to any of the above, please explain: _____

1. The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicant: _____
 Signature: _____
 Date: _____

Producer: _____
 Signature: _____
 Date: _____