

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:			Distance Between Buildings:	Feet	
Building Construction Type:			Roof Type?		
Number of Buildings Climate Controlled/Cold Storage:					
Total Number of Units:			ISO Public Fire Protection Class:		
Parking:			Square Footage:		
Are there cell towers or billboards on the property?	Yes	No	If Yes, please provide copies of agreements and insurance.		
Are there any solar panels installed?	Yes	No	If Yes, are they:	Owned	Leased

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? If yes, please explain:	Yes	No
Do any tenants on this premise conduct any type of non self-storage operation? If yes, please explain:	Yes	No
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:

HIRED NON-OWNED AUTO

Do they currently have HNOA in their GL policy?	Yes	No
Does the Named Insured(s) have any owned autos?	Yes	No
Do they use personal vehicles to run company errands, deliver anything or drive other employees?	Yes	No
Do they have a corporate Auto Liability policy?	Yes	No

What is the typical use of autos for company business? _____

What are the annual expenditures for rented autos on company business? _____

Does any location insured have a shuttle or other transportation provided to guests, tenants or others?	Yes	No
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If yes, please provide details on the shuttle or other transportation, including who operates and who insures the vehicle:

- 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: