



RICHMOND
N A T I O N A L

Richmond National Insurance Company
11013 West Broad Street, Suite 300
Richmond, VA 23060

SELF-STORAGE FACILITY SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured:

2. Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No
 - a. If yes, please list: _____
 - b. Do all entities have common ownership with the first Named Insured? ☐ Yes ☐ No
3. Years in operation under current ownership/management: _____
4. Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____
5. Contact for audits and/or inspections:
Name: _____ Title: _____
Phone Number: _____ Email: _____
6. Does the Applicant currently carry General Liability coverage? ☐ Yes ☐ No
Effective Date: _____ Expiring Carrier: _____
Expiring Premium: _____ Retroactive Date (if applicable): _____
7. Type of operations conducted by the Applicant (select all that apply):
☐ Indoor Self-Storage Units ☐ Individual Cold Storage Lockers ☐ Outdoor Storage Units
☐ Automobile/Boat Storage Lot ☐ Other: _____

III. RATING EXPOSURE INFORMATION

8. List all applicable rating exposures:

Annual Gross Sales: \$ _____

Total Square Footage: _____

Unit Count: _____

Other: _____: _____

9. Indicate the percentage of each type of unit below. The total for all unit types must equal 100%:

Indoor Storage Units: _____ % ☐ N/A

Climate Controlled Units: _____ % ☐ N/A

Automobile/RV Storage: _____ % ☐ N/A

Watercraft Storage: _____ % ☐ N/A

Other: _____ % ☐ N/A

10. Are there any specialized usages of the facility or specialized storage?

☐ Yes ☐ No

a. If yes, please describe: _____

11. What is the average occupancy rate over the last 12 months? _____ %

12. Does the Applicant lease space to commercial tenants?

☐ Yes ☐ No

a. If yes, please describe: _____

IV. PREMISES INFORMATION

Location 1:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driving Surface: ☐ Paved ☐ Gravel ☐ Other: _____

Sprinklered? ☐ Yes ☐ No Percentage: _____ %

Is this location fully gated? ☐ Yes ☐ No

Was the facility originally built for storage purposes? ☐ Yes ☐ No

Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

Location 2:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driving Surface: ☐ Paved ☐ Gravel ☐ Other: _____

Sprinklered? ☐ Yes ☐ No Percentage: _____ %

Is this location fully gated? ☐ Yes ☐ No

Was the facility originally built for storage purposes? ☐ Yes ☐ No

Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

Location 3:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driving Surface: ☐ Paved ☐ Gravel ☐ Other: _____Sprinklered? ☐ Yes ☐ No Percentage: _____%Is this location fully gated? ☐ Yes ☐ NoWas the facility originally built for storage purposes? ☐ Yes ☐ No

Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

Location 4:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driving Surface: ☐ Paved ☐ Gravel ☐ Other: _____Sprinklered? ☐ Yes ☐ No Percentage: _____%Is this location fully gated? ☐ Yes ☐ NoWas the facility originally built for storage purposes? ☐ Yes ☐ No

Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

For schedules with more than 4 locations, please include a completed SOV with the submission.*V. MANAGEMENT & FACILITY SECURITY**

13. How many years has the Applicant owned the facility? _____

14. Does the Applicant use a third-party management company? ☐ Yes ☐ No

Name of Company: _____

a. Does the Applicant have a hold harmless agreement in place with this entity? ☐ Yes ☐ No15. Does the Applicant or property manager check the premises daily? ☐ Yes ☐ No16. Does the Applicant or property manager check locks daily? ☐ Yes ☐ No

17. Does the Applicant use any of the following security?

- | | | |
|---|---|---|
| <input type="checkbox"/> Third-Party Unarmed Security | <input type="checkbox"/> Third-Party Armed Security | <input type="checkbox"/> Private Unarmed Security |
| <input type="checkbox"/> Private Armed Security | <input type="checkbox"/> CCTV Camera Systems | <input type="checkbox"/> Guard Dogs |
| <input type="checkbox"/> Other: _____ | | |

18. Does the Applicant Utilize any of the following gated access?

- | | | |
|---|---|---|
| <input type="checkbox"/> Automatic Sliding Gate | <input type="checkbox"/> Badge Access Entry | <input type="checkbox"/> Keyboard Touch Pad |
| <input type="checkbox"/> Automated Barrier Arm | <input type="checkbox"/> Driveway Bell | <input type="checkbox"/> Manual Gate |
| <input type="checkbox"/> Other: _____ | | |

19. Is the main gate visible from the main office? ☐ Yes ☐ No

20. Select all lighting that applies:

- | | | |
|--|--|---|
| <input type="checkbox"/> Complex Fully Lighted | <input type="checkbox"/> Complex Partially Lighted | <input type="checkbox"/> No Lighting in Complex |
|--|--|---|

21. Does the Applicant require photo identification of perspective tenants at the time of leasing? ☐ Yes ☐ No
22. Does the Applicant have a sign-in and sign-out system for tenants and visitors? ☐ Yes ☐ No
23. Does the Applicant retain duplicate keys for all units? ☐ Yes ☐ No

VI. OTHER OPERATIONS

24. Does the Applicant sell any of the following:
☐ Padlocks ☐ Moving Supplies ☐ Insecticides ☐ Other: _____
 a. If yes, what are the gross sales for the products sold? \$ _____
 b. Does the Applicant carry a separate products liability policy? ☐ Yes ☐ No
25. Does the Applicant handle any of the following services:
☐ Mailbox Rentals ☐ Truck or Trailer Rentals ☐ Vault Type Rentals ☐ Vending Machines
☐ Other: _____ ☐ None of the Above
26. Does the Applicant have loaders or forklifts? ☐ Yes ☐ No
 a. If yes, are tenants permitted to operate the above machinery? ☐ Yes ☐ No
27. Does the Applicant allow storage of any of the following:
☐ Firearms ☐ Explosives ☐ Fireworks ☐ Butane
☐ Gasoline or Propane ☐ Paints or Solvents ☐ Aerosol Cans ☐ Ammunition
☐ Pesticides or Insecticides ☐ Corrosive Chemicals ☐ Plants or Compost ☐ Motor Oil
 a. If yes, does the Applicant have special storage instructions for any of the above? ☐ Yes ☐ No
 Please explain: _____

VII. LOSS HISTORY

28. During the past five years, has the Applicant incurred any liability related claims? ☐ Yes ☐ No
 a. If yes, please attach an explanation and supporting documentation.
29. During the past five years, has an insurer ever cancelled or non-renewed similar insurance to the Applicant or has the Applicant's insurance ever been cancelled due to non-payment of premium or audit? ☐ Yes ☐ No
 a. If yes, please describe: _____

30. Is the Applicant aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents arising out of or related to your operations that might give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? ☐ Yes ☐ No
 a. If yes, please attach an explanation and supporting documentation.
31. Has the Applicant incurred a Liability claim that was not covered by insurance? ☐ Yes ☐ No
 a. If yes, please attach an explanation and supporting documentation.

VIII. FRAUD WARNING

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana	Any person who knowingly presents a false or fraudulent claims for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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 insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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IX. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant: _____

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____ Date: _____

Producer Name: _____

Producer Signature: _____ Date: _____