

YOUR PROPERTY IS NOT INSURED BY THIS FACILITY!

TENANT RESPONSIBILITY ADDENDUM

I understand that this self-storage facility and/or its management:

1. Is not responsible for loss or damage to my property;
2. Does not provide insurance for my stored property;
3. Requires that I provide my own insurance coverage or be uninsured (personally responsible for any loss);
4. Is a commercial business renting space and is not a bailee or warehouseman.

I acknowledge that I have read the above information and I ELECT TO: (check one)

Purchase tenant insurance from MiniCo, Inc. which provides coverage for my stored property against Burglary, Lightning, Windstorm, Fire, Hail, Water Damage, Smoke, Earthquake, Building Collapse, Explosion, Vandalism, and Riot.

Accept full responsibility for any loss. I am not interested in tenant insurance at this time, but I realize I may purchase insurance at any time throughout the duration of my lease and prior to any losses. **Tenant Signature:** _____

FOR IMMEDIATE COVERAGE, PLEASE FAX COMPLETED APPLICATION TO 800-637-4981

Your personal information is strictly confidential and will be retained for our use only.

Policy Effective Date _____ Facility Number 91932-MI

Name _____

Address _____ Apt. No. _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Mobile Phone _____ Alternate Phone _____

E-mail Address _____

Do you Own or Rent your residence?

Each space must be separately insured. Up to five spaces are allowed per policy.
All spaces on the policy must be insured for the same number of months.

Space Number	Amount Of Coverage	Total Number of Months	Monthly Premium	TOTAL PREMIUM
_____	\$ _____	_____ x	\$ _____ =	\$ _____
_____	\$ _____	_____ x	\$ _____ =	\$ _____
_____	\$ _____	_____ x	\$ _____ =	\$ _____
GRAND TOTAL				\$ _____

Type of goods in storage:

- Household and personal property
 Commercial or business property
 Household and commercial property

This amount will be charged to your credit card

Credit Card Payment: I authorize MiniCo, Inc. to charge my credit card for the above tenant insurance.

VISA MasterCard American Express Discover

Card No. _____ Exp. Date _____

Signature _____ Date _____

Payment by check: Please fax front of check with application to 800-637-4981.

The following goods are uninsurable and automatically excluded from coverage: accounts, deeds, bills, currency, evidence of debt, securities, money, notes, jewelry, watches, precious stones, furs or garments trimmed with fur, and boats or vehicles. Other restrictions may apply to items in storage.

This form contains general and descriptive information; the policy is the contract. Tenant insurance may duplicate coverage already provided by your personal homeowner's insurance policy, automobile insurance policy, personal liability insurance policy or other source of coverage.

For next-day coverage, call toll free 800-544-6464, visit our Web site at www.TenantOne.com or mail in this application with your payment to: MiniCo, Inc., Attn: CSI, 2531 W. Dunlap Avenue, Phoenix, AZ 85021.

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

- For mailed applications, coverage will begin at 12:01 a.m. the day after the postmark date on the envelope. In the event there is no postmark on the envelope, coverage will begin at 12:01 a.m. on the date we receive it. Coverage on applications made while the storage facility is under a hurricane watch or warning will not become effective until 12:01 a.m. on the day after the hurricane watch or warning is lifted.
- All applications are subject to approval.
- Coverage is valid at this storage facility location only.
- All claim payments are subject to a \$100 deductible (\$250 in Texas).

T1D ADD MOST Rev. 03/2007



This customer storage insurance is provided by MiniCo, Inc. and underwritten by Safeco Insurance Company of America.

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www.MiniCo.com

Coverage Limits and Premiums

Amount of Coverage	Monthly Premium w/ 50% Burglary	Monthly Premium w/ 100% Burglary
\$ 2,000	\$ 7	\$ 12
4,000	12	20
6,000	18	30
8,000	24	40
10,000	30	50
12,000	36	60
14,000	42	70
20,000	60	90
25,000	70	115
30,000	80	140
35,000	90	165
40,000	100	190

*** Important note about burglary coverage:**

If you choose 50% burglary coverage, you will be paid for losses up to 50% of the amount of your coverage limit. If you choose 100% burglary coverage, you will be paid up to 100% of the amount of your coverage limit. This limitation applies only to losses due to burglary, and there must be visible signs of forced entry. All other named causes of loss are covered up to 100% of your coverage limit.