

BADER INSURANCE

Company

PERSONAL PROPERTY INSURANCE PARTICIPATION FORM

As a condition of leasing the storage unit shown below, the storage facility requires the occupant of the storage unit ("Lessee") to insure the Lessee's property against fire, smoke, explosion, windstorm and water damage. The Lessee may participate in coverage arranged by the storage facility; this coverage will be provided through a licensed Agent. **NEITHER THE STORAGE COMPANY NOR THE LEASING AGENT ARE INSURANCE AGENTS.**

DIRECT QUESTIONS TO BADER COMPANY – Toll Free Phone: 888-223-3726 or Fax 888-329-2237

LESSEE INFORMATION (Print Clearly)

Lessee's Name(s): _____
Lessee's Address _____
City, State, Zip _____
Daytime Phone # _____ Unit # _____
Email Address _____
Effective Date ____ / ____ / ____

SITE INFORMATION (Print Clearly)

Facility _____
Address _____
County, City, State, Zip _____
Disk/ Cylinder Lock (select) YES NO
Site ID _____

COVERAGE SELECTION (Initial one box and complete the information)

I have property insurance of the type checked below. A copy of my policy Declarations page is attached as evidence of coverage. I agree to keep coverage in force during the term of my lease.

Insurance Company Name: _____

HomeOwners Renters Business Owners Other (describe) _____

Policy # _____ Limit: \$ _____ Effective Date ____ / ____ / 20 ____ Term: _____

The Commercial Inland Marine Self-Storage Insurance Program provides coverage for your personal property while it is stored in the storage facility. The program is written through The PMA Insurance Group and coverage is subject to their underwriting requirements. Coverage is not "all risk" and flood coverage is not provided. Property stored in open lots or non-fully enclosed, secured garages or storage units is not eligible.

Note: Application for coverage while the storage facility is under a wildfire or hurricane watch or warning will not become effective until 12:01 a.m. the day after the warning or watch is lifted. This enrollment form contains only a general description of coverage and does not constitute an insurance contract. You will be provided a Certificate of Insurance.

Check one: Coverage: \$2,000 \$3,000 \$5,000 Other: \$ _____ (up to \$20,000)

Monthly Premium: \$8.00 \$12.00 \$20.00 Code: _____

Type of Goods Stored: Household Goods/Personal Property
 Business/Trade Property (describe) _____
 Vehicle, Boat/Trailer (describe) _____

I have read the Insurance Responsibility Form. I understand that if I do not, or am unable to maintain the recommended insurance coverage, I shall be deemed to be "self-insured" and shall bear all risk of loss or damage.

Signature(s): _____ Date: _____

ACKNOWLEDGEMENT & AUTHORIZATION (Read and Sign Below)

I agree to participate in the Commercial Inland Marine Self-Storage Insurance Program from Bader Company, a licensed insurance agency, and to pay the monthly premium when due. I understand that a portion of the price I'm agreeing to pay for insurance covers the storage company's cost of collecting, accounting for, and remitting premium to the insurance company. I understand the storage facility is not responsible for paying my premiums if I fail to make payment and I understand that failure to pay my premium when due will result in cancellation of the insurance.

By signing below, I acknowledge that I understand the insurance I have agreed to purchase will terminate if my premium due is more than 30 days delinquent under the terms of my certificate of insurance. I authorize re-instatement of said insurance under the same terms and conditions without completing a new insurance application form under the following circumstances:

1. I am still renting the same unit shown on my original insurance enrollment form.
2. I understand that I will NOT be charged premium for the period during which coverage had been terminated and that there is NO INSURANCE COVERAGE for the period during which coverage had been terminated.
3. There is no loss or damage to any property stored in this unit.

If there was damage to, or loss of, any property stored in the unit that occurred after the coverage terminated for non-payment, I understand that the insurance will not apply to this loss or damage and I agree that I will not file a claim for said loss or damage with the insurance company or storage facility.

Signature(s): _____ Date: _____

MAIL COMPLETED FORMS TO:

Storage Insurance - Bader Company
9777 N. College Avenue

Agent: Robert N. Bader
CA License OB41561