



Facility Name: _____

TENANT ACKNOWLEDGMENT ADDENDUM



You are responsible to have coverage for your stored items

I understand that this storage facility does not insure my goods and is not responsible for damage or loss to my stored property.

- I confirm that this facility has recommended that I provide proof of insurance coverage or immediately obtain coverage for my stored property.
- I confirm that Safestor Tenant Insurance has been offered.

Yes, I want to cover my stored items with Safestor Tenant Insurance with the coverage limit selected.

- I understand that coverage is effective immediately at time of payment.
- I understand that the monthly rate to cover my stored goods is being collected by the facility and forwarded to the insurer as a courtesy.
- I understand that the storage facility is not responsible for paying my monthly premium if I fail to make payments.
- I understand that the facility may retain a portion of the monthly tenant insurance premium payment to cover the administration of the policy.

Coverage Limits	Monthly Rates
<input type="checkbox"/> \$1,000 _____	\$8.95
<input type="checkbox"/> \$5,000 _____	\$11.95
<input type="checkbox"/> \$10,000 _____	\$21.95
<input type="checkbox"/> \$20,000 _____	\$40.95

No, I decline participation in Safestor Tenant Insurance.

- I understand that by declining coverage I am completely responsible for any loss or damage to my property including but not limited to: mold, vermin, water damage, fire/smoke, tornado/wind, earthquake, lightning/hail, and burglary.
- I understand that the storage facility is not responsible for loss or damage to my stored goods and agree to hold this storage facility harmless.

Insurance Company Name: _____

Type: Homeowners Renters Business Owners Other _____

Policy #: _____ Deductible: _____

I acknowledge that I have read the above information and have selected the best option for me.

Customer Signature: _____ Date: _____

Print Name: _____ Unit #: _____

Producer Signature:  P. Blake Johnson, Producer

This enrollment form contains only a general description of coverage and does not constitute an insurance contract.

The facility will provide you a Certificate of Insurance.

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.

