

DOCUMENT STORAGE INSURANCE SUPPLEMENTAL APPLICATION

COMPLETION IS ONLY REQUIRED IF DOCUMENT STORAGE OPERATIONS ARE CONDUCTED

(Acor application is required with this supplement.)

What is the full legal name of your business? _____

How long have you offered document storage services? _____

Name any industry association you are member: _____

How many boxes/cartons of records do you currently store on your premises? _____

Do you provide document destruction/shredding services? _____

What do you estimate your gross annual receipts will be for the next 12 months? _____

If you have a Web Site please provide the address: _____

FIRE PROTECTION:

What is the fire protection class for your location? _____

Do you have a fire sprinkler system? _____

Is it a wet or dry system? _____ Is it an "in rack" system? _____

Do you have an annual fire sprinkler inspection contract? _____

Provide details about your document management computer system.

Please note name of system, capabilities, etc. _____

Please provide details of any losses during the past 5 years: _____

Is there anything else we should know to properly underwrite this risk? _____

Important: Please provide a blank copy of your document storage agreement.

Notice: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

I hereby declare that to the best of my knowledge and belief, all of the foregoing statements are true.

Signature of applicant _____ Date _____

Signature of agent/broker _____ Date _____

STORAGEFIRST

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