

MOBILE STORAGE INSURANCE SUPPLEMENTAL APPLICATION

COMPLETION IS ONLY REQUIRED IF MOBILE STORAGE OPERATIONS ARE CONDUCTED

(Acord application is required with this supplement.)

What is the full legal name of your business? _____

How long have you offered mobile storage services? _____

Name any industry association you are member: _____

If you a franchisee, name of the franchisor: _____

How many mobile storage containers do you own? _____

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

What percentage of these containers are located on your premises on a typical day? _____

Do you load customers' goods into containers? _____

If you subcontract, please provide a copy of your contract with the transporter: _____

How many vehicles do you have transporting containers? _____

What is the radius in miles of your territory? _____

Are your vehicles specifically adapted for loading, unloading and transporting the containers? _____

What is the construction material of your containers? _____

What is the replacement value of each container? _____

What are the dimensions of your containers? _____

Do you store filled containers in the open? _____ Are containers stored inside a building? _____

Do you stack containers? _____ If yes, how high? _____

Do you allow mobile storage customers inside your storage warehouse? _____

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

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 mobile 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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