



Self Storage Program Survey

CMW Insurance Services Ltd.

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BASIC INFORMATION

Full LEGAL name of your Business:		
Mailing Address:		
City:	Province:	Postal Code:
Website:		
Name of Current Insurance Company and EXPIRY DATE:		
Policy #:		

OPERATIONS SUMMARY

Contact Name:	Position:
Phone:	Fax:
Email:	

REVENUE BREAKDOWN

Rental of Self Storage Units	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Sales of Packaging Materials, Locks, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Income – Commercial Tenants (where insured is Building Owner, not part of Self Storage Operation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Vehicle Rental Receipts (eg. U-haul International Dist.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other (Describe):		\$

DESCRIPTION OF YOUR BUSINESS OPERATIONS

Description:	<input type="checkbox"/> Self Storage <input type="checkbox"/> Other, Describe: _____
Type of Goods Stored?	<input type="checkbox"/> Personal Goods – Percentage: _____ <input type="checkbox"/> Commercial Goods – Percentage: _____
Trucks/Trailers Rented to Tenants? If yes, Name of Truck/Trailer Rental Company (Attach copy of Distributorship Agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Hours of Operation	Gate Entrance Open from: _____ to _____ Office Open from: _____ to _____ Days per Week: _____
Rental Office on Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROTECTION DETAILS

	LOCATION # BUILDING #	LOCATION # BUILDING #
Burglary Alarm	<input type="checkbox"/> None <input type="checkbox"/> Central Station <input type="checkbox"/> Local Applies to: <input type="checkbox"/> Office Only <input type="checkbox"/> All areas	<input type="checkbox"/> None <input type="checkbox"/> Central Station <input type="checkbox"/> Local Applies to: <input type="checkbox"/> Office Only <input type="checkbox"/> All areas
Individual Door Alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm	<input type="checkbox"/> None <input type="checkbox"/> Central Station <input type="checkbox"/> Local Applies to: <input type="checkbox"/> Office Only <input type="checkbox"/> All areas	<input type="checkbox"/> None <input type="checkbox"/> Central Station <input type="checkbox"/> Local Applies to: <input type="checkbox"/> Office Only <input type="checkbox"/> All areas
Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location Gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location Fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (Warehouse style, ie. only access through main door and no outside storage)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (Warehouse style, ie. only access through main door and no outside storage)
LOCATION DETAILS		
DETAIL	LOCATION # BUILDING #	LOCATION # BUILDING #
Location Address	<input type="checkbox"/> As per mailing address <input type="checkbox"/> As follows	<input type="checkbox"/> As per mailing address <input type="checkbox"/> As follows
Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Built		
No. of Floors		
Building Type	<input type="checkbox"/> Warehouse <input type="checkbox"/> Other	<input type="checkbox"/> Warehouse <input type="checkbox"/> Other
Square Footage In Total	Ground Area in Total: % used by your business:	Ground Area in Total: % used by your business:
Number of Buildings?		
Number of Rental Spaces?	Inside Building: _____ Open Lot: _____	Inside Building: _____ Open Lot: _____
Driveway Access to Unit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Commercial Tenants Conducting Retail, Repair, Processing, Manufacturing or Other Non-Storage Operations? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
Was Property Originally Designed for Self Storage? If no, provide year and details of conversion.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____

PROPERTY	LIMITS		Loss Settlement	Deductible(s)
	Location #	Location #		
LIMITS REQUIRED:			Replacement Cost	\$1,000. Deductible, however, higher deductibles are available
• Building Value	\$	\$		
• Fences/Walkways/Roadways	\$	\$		
• Attached Signs	\$	\$		
• Exterior Signs	\$ _____	\$ _____		
Total Building Limit	\$	\$		
Equipment (ie: snow plow or forklifts?)	\$	\$		
Tenant Improvements	\$	\$		

Stock (ie: locks, packing material)	\$ _____	\$ _____		
Office Contents (ie: desks, chairs)	\$ _____	\$ _____		
Business Interruption/ Extra Expense				
Computer Equipment	Hardware - \$ _____ Software - \$ _____ Laptops - \$ _____	Hardware - \$ _____ Software - \$ _____ Laptops - \$ _____	<input type="checkbox"/> Replacement Cost	Mechanical Breakdown - \$ _____ Other - \$ _____
Boiler & Machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Standard Comprehensive Form	

CRIME	LIMITS	Coverage Form	
Broad Form Money & Securities	\$10,000. INCLUDED	Applicable Employee Dishonesty Cover - <input checked="" type="checkbox"/> Form A <input type="checkbox"/> Form B <input type="checkbox"/> Contract Employees & Services Included	
Employee Dishonesty	\$10,000. Available @ \$250/location		
LIABILITY	LIMITS	Coverage Form	Deductible(s)
General Liability **		<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	\$1,000.00
Tenants Legal	\$25,000. Included	<input checked="" type="checkbox"/> Broad Form <input type="checkbox"/> Blanket Basis <input type="checkbox"/> Applicable to locations -	\$500.

CLAIMS EXPERIENCE

PLEASE LIST ANY/ALL CLAIMS WITHIN THE PAST 6 YEARS

Date of Loss	Description of Loss	Paid	Reserved	See Note Below