

As a condition of leasing the storage unit shown below, the storage company (landlord) requires the lessee to insure lessee's property against fire, smoke, explosion, windstorm and water damage. Lessee may provide his/her own coverage from an insurer acceptable to the landlord, participate in coverage arranged by the landlord, or choose to be "self-insured." If the lessee chooses to participate in the landlord's program, coverage will be provided through a licensed Agent.

NEITHER THE STORAGE COMPANY NOR THE LEASING AGENT ARE INSURANCE AGENTS.

QUESTIONS OR COMMENTS SHOULD BE DIRECTED TO BADER COMPANY: Phone: 888/223-3726 Fax: 888/329-2237

1. TENANT INFORMATION (Print Clearly)

Tenant's Name(s): _____
Address: _____
City, State, Zip Code: _____
Daytime Phone #: _____ Storage Unit#: _____ Effective Date: _____

2. INSURANCE CHOICE (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: _____

I will obtain Stored Property Insurance through Bader Company. A copy of the policy showing Coverage (perils insured against) and Exclusions is shown on the reverse side of this form. This is not an "all risk" policy. Flood coverage is not included. The policy has a \$100 deductible. Losses are settled on "Actual Cash Value." Coverage is subject to the company's underwriting requirements.

Circle One: Coverage: \$2,000 | \$3,000 | \$5,000 | Other: _____
Premium: \$8.00 | \$12.00 | \$20.00 | Code: _____

Type of Goods Stored - Select all that apply:

Household Good/Personal Property Business/Trade Property (describe) _____

Vehicle, Boat/Trailer (describe) _____
(There is no coverage to vehicles or property stored in open lots or non fully enclosed and secured garages or storage units)

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: _____

3. PAYMENT AUTHORIZATION (Read and sign below)

I hereby agree to purchase a property insurance policy through Bob Bader Company (the Agent) and to pay my premium monthly when due.

I have chosen to purchase property insurance in connection with the leased premises through Bader Company. I accept the landlord's offer to receive the monthly insurance premium from me in the amount I checked above, in addition to my monthly rent, and to forward the premium on my behalf to Bader Company or the insurance company. They are providing this premium payment service at my request and that they are not responsible for paying my premiums if I fail to do so. I also understand that failure to pay my premium when due will result in cancellation of my coverage.

By signing below I acknowledge that I understand that the tenant insurance I have agreed to purchase will terminate if my rent and/or tenant insurance premium is more than 30 days delinquent under the terms of my Policy or Certificate of Insurance. I authorize re-instatement of said tenant 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 application form.
2. I understand that I will NOT be charged premium for the delinquency period and that there is NO INSURANCE COVERAGE for the delinquency period, or 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 and it was not reported to the insurance company before the coverage terminated for non-payment, I understand that the insurance will not apply to the loss or damage and I agree that I will not file a claim for said loss or damage with the insurance company or the storage company.

NOTE: application for coverage while the property is under a wildfire or hurricane alert, watch, or warning, will not become effective until 12:01 a.m. on the day after the alert, watch, or warning is lifted. There is no coverage for items not stored in fully enclosed, secured storage units or garages.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Signature(s): _____ Date: _____

4. SITE INFORMATION (Print Clearly)

Facility Name: _____
Address: _____
City, State, ZIP: _____
Disk/Cylinder Lock(select): Yes No Site ID# _____

Manager, Mail Completed Forms weekly to:

Storage Insurance

Bader Company

9777 N. College Avenue

Indianapolis, IN 46280-1628

Agent: Robert N. Bader (CA license OB41561)