

## Personal Contents in Storage Insurance Application

Name of Applicant \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever had a Claim for Personal Contents in Storage? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

Have you ever had Insurance cancelled or refused? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

### [\* Required for Binding]

\* Name of Facility \_\_\_\_\_ \* Storage Unit(s) Number \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Individual Locked Storage Unit or Individual Locked Container - ☐ Yes ☐ No

\*Storage Facility is Fenced with Gate - ☐ Yes ☐ No

\*Storage Facility has 24 Hr Controlled Access - ☐ Yes ☐ No

Policy Effective Date \_\_\_\_\_ Number of Months Required: \_\_\_\_\_

### Personal Contents

("all risks" / Replacement Cost / 80% Co-Insurance / \$250 deductible) Limit: \_\_\_\_\_

Premium Collected \$ \_\_\_\_\_

\*Premium Fully Earned\*

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokers Name: \_\_\_\_\_ Brokers Phone: \_\_\_\_\_

Brokers Email: \_\_\_\_\_ Brokers Fax: \_\_\_\_\_