



Facility Application

Full Legal Name: _____

Facility Name: _____

Mailing Address: _____

Site Address: _____

Website: _____

MAIN CONTACT

Name(s): _____ Phone: _____ Fax: _____

Email: _____

SITE INFORMATION

Total Number of Buildings: _____ Number of Stories: _____

Total Number of Units: _____ Outside Parking: Y N

Total Square Footage: _____ Year Built: _____

Designed Originally as Self Storage: Y N Climate Control %: _____

Self Storage Software Co. Used: _____

CONSTRUCTION

Construction Type (Frame, Joisted Masonry, Non-combustible, Masonry Non-combustible, Fire Resistive): _____

Type of Roof: _____ Age of Roof: _____

PROTECTION

Automatic Sprinklers: Y N % of Bldg. _____ If Yes, Monitored: Y N

Fire Alarms: Y N If Yes, Monitored: Y N

Burglar Alarms: Y N If Yes, Monitored: Y N

MANAGEMENT

Gate Access Hours (Open): _____ Close: _____ 24 Hours:

Manager on Premise During Business Hours: _____ Apartment on Premise: Y N

Flammable or Hazardous Materials Prohibited: Y N



SECURITY

Fully Fenced: Y N
Security Cameras: Y N
Gate: Y N

TV Monitors: Y N
If Yes, % of Site Covered: _____
Automated: Manual:

CLAIMS IN LAST THREE YEARS

Claim History: _____

NOTES

SIGNATURE

Authorized Signature	Date
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Please email completed form to ssprotectionplan@worldinsurance.com